DOCUMENT RESUME

ED 353 450 CE 062 889

TITLE	Massachusetts Career Development Institute in Partnership with the Geriatric Authority of Holyoke, Massachusetts. Final Report.
INSTITUTION	Massachusetts Career Development Inst., Springfield.
SPONS AGENCY	Office of Vocational and Adult Education (ED), Washington, DC. National Workplace Literacy Program.
PUB DATE	92
CONTRACT	V198A10109
NOTE	183p.; Some pages contain illegible type.
PUB TYPE	Reports - Descriptive (141) -- Reports - Evaluative/Feasibility (142) -- Tests/Evaluation Instruments (160)
EDRS PRICE	MF01/PC08 Plus Postage.
DESCRIPTORS	*Adult Basic Education; Adult Literacy; Allied Health Occupations Education; Continuing Education Units; Curriculum Development; *English (Second Language); *High School Equivalency Programs; Job Skills; *Literacy Education; *Nurses Aides; Nursing Homes; Program Development; Program Effectiveness; Program Evaluation; Program Implementation; Staff Development
IDENTIFIERS	*Workplace Literacy

ABSTRACT

Onsite workplace education was provided for employees of the Geriatric Authority of Holyoke (GAH), Massachusetts. Instructional programs in English as a Second Language, adult basic education, and General Educational Development (GED) preparation were offered. The union and supervisors assisted in a broad recruitment effort. Individualized educational plans were developed for each participant. The program offered a minimum of 200 hours of instruction to 81 GAH employees. An oversight committee monitored the program on a monthly basis. The Test of Adult Basic Education was the primary testing component; a modified version of the Tennessee Self Concept Test was also used. Curriculum development involved identification of 27 job-related skills required of nurses' aides by Massachusetts and writing of 19 booklets that taught these basic skills. Continuing education units were awarded for successful completion of job-related curriculum packages. Two participants passed the GED examination; eight passed the state licensing examination. (The 30-page report is followed by these appendixes: recruitment materials; assessment instruments; list and samples of job-related curriculum; award ceremony materials; and sample staff development material. An evaluation report describes training programs, contains 15 tables of trainee demographics and trainee job characteristics, and provides narrative and six tables showing analyses of test results and attendance records.) (YLB)

ED353450

UNITED STATES DEPARTMENT OF EDUCATION

OFFICE OF VOCATIONAL AND ADULT EDUCATION

NATIONAL WORKPLACE LITERACY PROGRAM

MASSACHUSETTS CAREER DEVELOPMENT INSTITUTE

IN PARTNERSHIP WITH

THE GERIATRIC AUTHORITY OF HOLYOKE, MASSACHUSETTS

1992

FINAL REPORT

PROJECT AWARD# V198A10109

MASSACHUSETTS CAREER DEVELOPMENT INSTITUTE, INC.
140 WILBRAHAM AVENUE
SPRINGFIELD, MA 01109

CE062 889

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☐ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

BEST COPY AVAILABLE

TABLE OF CONTENTS

	PAGE
History of the Massachusetts Career Development Institute	1
Abstract	3
Program Factors	3
Extent of the Need for the Project	8
Plan of Operation	10
Project Objectives	10
Program Design	12
Adult Basic Education	15
High School Equivalency	16
Overview of Project Activities	18
I. Recruitment	18
II. Assessment and Testing	19
III. Class Schedule	21
IV. Curriculum Development	21
V. Continuing Education Units for Medical Workers	24
VI. GED Statistics and Two Grade Increases	25
VII. Certification Statistics	26
VIII. Recognition Ceremony	26
IX. Monthly Advisory Board Meeting	27
X. Mount Holyoke College	28
XI. Audio and Visual Equipment	29
XII. Staff Development	29
XIII. Summary	29
Goals/Objectives for 1993	30

HISTORY OF THE
MASSACHUSETTS CAREER DEVELOPMENT INSTITUTE

The Massachusetts Career Development Institute (MCDI) has a history of more than twenty years of providing individual upgrading programs which have been extremely successful for workers throughout Western Massachusetts.

For five years, the MCDI operated a program of Workplace Education for employees at the Danaher Tool Group (formerly EASCO Hand Tools Company) in Springfield, Massachusetts. MCDI staff assessed more than 200 Danaher employees and provided classes in ABE, ESL, and GED to more than 125 employees. Eighteen students obtained their GED and 75% of all who participated achieved a minimum of a two grade level increase in reading and mathematics. A similar program was developed and implemented at the Digital Equipment Corporation in Springfield. In addition, the MCDI has provided a series of educational and technical programming systems for the private sector community across greater Springfield.

MCDI staff attended numerous staff development and training seminars held by the State on the issue of Workplace Education. In addition, the State funding agency recognized the quality of MCDI's program by awarding it a contract in 1988 to develop and distribute workplace specific curriculum which has been replicated in similar programs across Massachusetts.

The experiences, lessons, and successes of the Danaher and Digital programs, combined with twenty years of providing ABE, ESL, and GED programs to more than 10,000 residents of Hampden County, MA, demonstrate quite clearly that the MCDI possesses the ability, staff, and curriculum to provide a program of Workplace Education at the Geriatric Authority of Holyoke.

ABSTRACT

The Massachusetts Career Development Institute, Incorporated, (MCDI) proposes to provide a program of Workplace Education for one hundred individuals who are presently employed by the Geriatric Authority of Holyoke, (GAH) Massachusetts. The instruction will take place in on-site facilities provided by the GAH. MCDI educational staff will provide English as a Second Language, Adult Basic Education, and High School Equivalency (GED) Preparation instructional programs. MCDI staff will also provide ongoing educational and personal counseling, and pre and post testing to establish initial functional levels and determine gains. This program is a continuation of MCDI's response to the problems of functionally illiterate adult workers and other employees whose upward mobility is limited by deficiencies in any or all of the following areas: analytical thinking, math, reading comprehension, and communication (oral and written). Our goal is to assist GAH employees in obtaining these transferrable basic skills and enable them to maintain their present employment and enhance their access to career advancement opportunities in the health services industry.

Program Factors

It is estimated that 20% of the adult population and 40% of the youth population in Hampden County, MA are functionally illiterate, unable to perform competently in the workplace with little or no chance for career advancement. The cost to local industry brought about by employees who have deficient workplace literacy skills is

millions of dollars a year. This hidden cost is passed on to the consumer and directly affects our capacity to compete in the marketplace. This hidden cost in goods and services is composed of low productivity, errors, poor quality, accidents, and wasted supervisory time, in large part arising from the inability of employees to think analytically, to read and comprehend instructions and to communicate effectively with co-workers.

The Geriatric Authority of Holyoke (GAH) is a public, non-profit nursing home facility located in Holyoke, Massachusetts. The majority of GAH employees reside in Holyoke. Holyoke is a city with a population of 41,000 of which 27% are Hispanic, 3% are African American, and 6% are Asian American. There are approximately 16,000 households of which 20% are receiving public assistance. Of the 3,039 families receiving AFDC 72% are of Hispanic origin.

The Massachusetts Department of Education defines the term functional literacy as the ability "to read, write, comprehend, compute, problem solve, think critically, and communicate in

English well enough to execute individual responsibilities as family members, employees and citizens".

This definition, when applied to a health care facility, demands that all employees must be functionally literate. The Geriatric Authority of Holyoke deals with life and death issues on a regular

basis. Nursing assistants, who provide first line direct patient care, must, with accuracy and consistency, be able to think clearly and critically, prioritize tasks, and solve problems relating to the care of individual patients. An improper meal tray assembled by a dietary worker could have serious, detrimental results. If a worker cannot read or understand instructions, the results could be harmful to the worker, fellow employees and/or patients, and costly to the institution.

The GAH employs 310 individuals in a range of service programs for the elderly. The employees are 81% female and 47% are not high school graduates. More than 50% are earning less than $9.00 per hour. A growing number (32% of those hired in the past year) do not speak English as their primary language and 75% have been employed more than one year.

Signs of low educational levels are evident in the existing workforce as well as the applicant pool. The lowest functional reading level acceptable is the ability to match words, i.e. a laundry worker who matches name tags on clothing with the same name on a storage rack. This employee will have no mobility from this position unless he/she develops reading abilities. Similarly, those with limited conversational English skills are restricted to entry-level routine jobs in which they are not required to understand complex instructions.

There are several problems presented by employees who possess inadequate basic skills; the first of which is a lack of ability to communicate effectively with their supervisor, other GAH personnel, visitors or patients. This communication problem can be the inability to speak and understand oral English and/or the skill to interpret written instructions, directions, or procedures.

Another set of problems is posed by the English speaking worker who has, to date, successfully masked his/her educational deficiencies. This person has been able to cover an inability to read effectively. The supervisor may not be aware of this deficiency and assumes that the employee is careless or incompetent when errors in completing tasks or following assignments are made. Concurrently, these employees that lack basic skills also suffer from a lack of self-confidence and possess low self-esteem. This self-doubt results in the individual being intimidated and unable to respond when asked to make timely, critical decisions. The outcome could prove fatal to a patient and results in many negative implications for the GAH.

The necessity for upgrading educational levels of GAH staff is clear. A primary goal of the GAH is employee retention to insure continuity of care to the patients. The overwhelming personal responsibilities of staff, especially those single heads of household, dictate the need for upward mobility within the workforce. The opportunities for advancement are primarily to direct patient care areas and supervisory positions. In these

positions good comprehension of written and spoken English is mandatory, as well as the problem solving and organizational skills needed to insure safe, high quality patient care.

Additionally, the recently enacted Massachusetts Nurses' Aides Training Act requires all existing and future nurses' aides to pass a standardized written test. It is given in English only and has a fifth grade reading level. Considerable anxiety has been generated with long term employees who face losing their employment if they fail this exam.

Development of a program to improve the educational skills of this workforce is fundamental to providing upward mobility within the organization and enhancing staff retention. It is imperative to provide employees with transferable skills in reading, writing, English comprehension, reasoning and problem solving which will enable employees to be promoted to new positions with increased job responsibilities or even to retain current positions.

The MCDI, at the request of GAH, will provide each program participant access to individualized learning programs that develop the basic skills which enables the employee to perform present job responsibilities more effectively and provide the foundation for career advancement. The GAH and the Union have outlined the functional skills required for each class of jobs in the GAH structure. The MCDI will tailor learning experiences for the functional skills. These skills might appear to be traditional

Adult Basic Education skills, but they are required by the employer to provide efficient patient care. All educational objectives have been developed around their specific applications in the GAH environment. Language development will focus on job related terminology and comprehension tasks; Math skills reflect solutions, mixtures are directly applicable to tasks required to be accomplished by the worker.

The partnership consists of the GAH, United Food and Commercial Workers Union Local 1459, and MCDI. The partners are committed to providing workers the skills that will more certainly insure an effective, stable, upwardly mobile workforce. The partners have been involved in the planning, development, implementation, monitoring and ongoing improvement of this program which expects to increase the skills of the on-site work force and also to be replicated at other employment sites.

Extent of the Need for the Project

GAH staff educational needs were divided into two groups. There are a number of people functioning at very low levels who require ESL and/or ABE in order to move in any direction within the organization; for example, a laundry worker who aspires to be a nurses' aide, or nurses' aides who wish to attend LPN and/or RN training programs but lack high school diplomas. This latter group would benefit from a GED program and would then be able to attend LPN or RN programs, while working part time and taking advantage of the GAH tuition reimbursement program. Chronic staff shortages in

the health care industry coupled with the GAH commitment to retrain staff guarantee newly licensed nursing personnel within the GAH wage increases of $4.00 to $6.50 per hour.

The following demographic information describes the 310 employees of the GAH, a public non-profit agency serving the elderly of the Greater Holyoke community:

EDUCATIONAL LEVEL:	
16%	3 or more years beyond high school (includes RN's)
11%	1-2 years beyond high school (includes LPN's)
30%	completed high school
43%	not high school graduates
SKILL LEVEL:	
68%	currently in positions not requiring schooling beyond high school
6%	currently in positions specifically requiring high school diplomas
20%	currently in positions requiring schooling beyond high school, but less than a 4 year degree (includes LPN's and RN's)
5%	4 year degree or higher required
SEX:	
81%	Female
19%	Male

AGE: 16 - 77 years

8%	over 60 years
18%	50 - 60 years of age
20%	40 - 50 years of age
19%	30 - 40 years of age
25%	20 - 30 years of age
10%	under 20 years of age

NOTE: Some category totals do not equal 100% due to rounding

Plan of Operation

The Massachusetts Career Development Institute, Inc., in conjunction with the Geriatric Authority of Holyoke (GAH) and Local 1459, United Food and Commercial Food Workers Union, AFL-CIO, has developed a replicable program model for on-site workplace education to upgrade the basic literacy and analytical skills of employees in the health care industry.

The current project has provided educational development skills to 81 GAH employees. The program provided Adult Basic Education, English as a Second Language and High School Equivalency (GED) classes that are in context and in concert with workplace requirements and will enable GAH employees to retain their jobs and enhance their prospects of upward mobility. To ensure that the requirements were met, the Project concentrated on the following objectives.

PROJECT OBJECTIVES

1. Provide educational services to 100 GAH employees during the contract period.

2. Assess all GAH employees who are interested in participating in the program during the first two weeks of program operation.

3. Provide each ABE or ESL participant a set of educational experiences that will allow 75% of them to demonstrate a two grade level increase in basic reading and math skills.

4. Provide each GED participant educational experiences that will ensure that 85% of those who take the GED exam will pass it.

5. Provide appropriate educational experiences to program participants so that in 85% of those individuals taking the State Nurses' Aide Licensing exam will pass it.

6. Demonstrate that at least 85% of the individuals participating in the project have an improved level of self-esteem.

7. Demonstrate improvement in productivity and/or quality of work by a minimum of 85% of those individuals participating in this program.

8. Establish that 85% of the participants by survey will demonstrate increased self-esteem, interest in a career, improvement in workplace literacy skills and satisfaction with the educational programs.

9. Continue to develop successful models of Workplace Literacy education that can be replicated locally or in other areas of the nation.

PROGRAM DESIGN

The MCDI, as grant recipient, has provided GAH a program of on-site workplace education. This project provides ABE, ESL, and GED educational units that provided opportunities for 100 employees to retain their jobs or access avenues that will lead to upward mobility within the GAH.

Based on our experience in previous workplace education programs we will incorporate two critical elements from our "lessons learned."

1. The program offered a minimum of 200 hours of instruction, much more than the average ABE model. Although some participants achieved a two grade level upgrade in fewer than 200 hours, it was the recommendation of demonstration project staff, the Advisory Committee, and the participants to increase the hours of instruction in as much learning retention was thought to be an issue.

2. An oversight committee, consisting of representatives from MCDI, GAH management, union, and the program evaluator, was established to monitor the program on a monthly basis in order to address issues in a timely and effective manner.

These additions served the following purposes:

1. Made the program stronger and more responsive than the typical Adult Basic Education/Workplace Literacy model.

2. Made this program more effective in terms of: increasing the involvement of labor and management in the design; implementation and monitoring of this program; and meeting the goals of the workplace education initiative.

Based upon data provided by the GAH Personnel Office, it was estimated that a minimum of 133 employees are functioning at levels which can be addressed by this program. With assistance and support from the union and workforce supervisors, a broad recruitment effort was implemented to publicize the program to the entire workforce and attract the maximum number of participants. MCDI assisted in the outreach effort and provided assessment and ongoing counseling. Instruction was provided in ABE/ESL and GED preparation. All instructional programs and curricula integrated workplace specific terminology so the participants can better relate what they are learning to their daily jobs. As part of the planning process for this project, MCDI staff attended a seminar held by the Massachusetts Long Term Care Foundation, "ESL - Helping Employees to Learn". This seminar discussed more than 1,000 words which are pertinent directly to nursing home employees in the performance of their jobs. MCDI staff will work with the GAH in-service coordinator to incorporate this material into the curriculum.

The program environment is both structured with a classroom teacher arrangement and in a flexible, open-ended learning lab for Adult Basic Education. The program is structured and individualized as appropriate for adult participants and to facilitate subject matter.

Individualized Educational Plans (IEP) to establish the learner's sequence of instructional activities were developed for each participant by MCDI staff based on assessment results and criteria outlined by GAH management and the union.

The educational space is located on-site at the GAH. Many educational strategies are used by staff: grouping of various individuals who are studying similar concepts; individual, one-on-one tutoring; group presentations; and use of Computer Assisted Instruction (CAI) units for drill and practice as well as reinforcement. Educational programming is directed by MCDI staff with many years of experience in management and instruction of adult education. Their expertise enabled them to counsel students and reduce the fear in adult learners caused by being placed in formal educational settings.

Four separate classes were conducted with an average of twenty-five students per class. Classes met four times each week for seventy weeks from 1:00 p.m. to 5:00 p.m. and 9:00 p.m. to 12:00 a.m. This schedule facilitates participation by all members of the workforce.

Of the four hours of instruction each week, two were paid release time during normal working hours and two volunteered by each employee.

ADULT BASIC EDUCATION

The MCDI Adult Basic Education (ABE) program is designed to provide individualized learning to those participants who need to develop, improve and/or reinforce the basic skills of reading, language and mathematics.

When the participant begins his/her ABE program, he/she is evaluated to determine areas of strength and areas of concentration. Based on the results of assessment and counseling, an IEP is determined. The number of weeks to develop basic education skills and to achieve goals is contingent upon the needs, aptitudes and rate of learning of the individual student.

During this aspect of the program, strong emphasis is placed on attitudinal and behavioral development along with classroom training. It is the objective of the ABE program to assist the participant in developing positive attributes that will result in successful job retention and career mobility.

The participant is expected to demonstrate progress in the following areas:

1. Reading skills
2. Mathematical skills.

3. Vocabulary skills.
4. Pronunciation and listening skills.
5. Reading comprehension and language skills
6. Phonetics skills.
7. Writing skills

HIGH SCHOOL EQUIVALENCY

For those employees with higher level academic skills a GED preparatory program is provided. The purpose of the GED program is to prepare students to take and pass the High School Equivalency Test in order to be qualified for promotional opportunities and career advancement. Lectures and class discussion focus on concepts, ideas and intellectual skills comparable to the objectives of a high school diploma. Periodic examinations in science, reading, mathematics, writing and social studies measure each student's preparedness to accomplish successfully the GED test.

Goals of instruction are:

1. To prepare the student to pass the High School Equivalency examination.
2. To improve the student's oral and written expression of English.
3. To acquaint the student with basic principles of selected areas of information in the social studies, the sciences, and general literature.
4. To improve the student's general reading speed and comprehension ability.
5. To enable the student to understand and apply fundamental mathematical operations.

6. To encourage the student to think more logically, and thus, more coherently and effectively.

7. To develop behaviors and attitudes which are at least the equivalent of those required in employment.

8. To develop the ability to complete successfully the job interview process.

OVERVIEW OF PROJECT ACTIVITIES

The Massachusetts Career Development Institute (MCDI) in partnership with the Geriatric Authority of Holyoke, Massachusetts began its FY'92 Workplace Literacy Demonstration Program in May, 1991. October 31, 1992 marked the completion of this grant period. The goal of the project was to provide academic remediation and job related training to a total of one hundred (100) program participants over the course of the grant period. As of the close of the grant period, a total of eighty-one (81) Geriatric Authority employees had been served successfully by the MCDI/GAH program.

I. Recruitment

Student recruitment was performed both by MCDI and GAH. Information was sent to each employee in his/her paycheck. Fliers were developed giving more detail of the Project. Counselors from the MCDI were available to any employee who wished to discuss any aspect of the Workplace Literacy Program: requirements, class hours, programs offered, program goals, etc. These counselors were available during all three of the work shifts for two hour intervals. They were also available by appointment for those employees unable to attend during the regularly scheduled time slots. In all, approximately sixty (60) employees were seen during this initial recruitment phase.

As a result, the program got off to an excellent start with a large number of participants and benefitted thereafter from a steady stream of new students. The smaller numbers entering after the

program's start were beneficial for a very important reason. They served to keep the size of each class manageable, thus enabling the instructor to spend sufficient amounts of time with each student during any given class session.

Recruitment continued on many different levels throughout the course of the grant period. Instrumental in the recruitment of new students were two Geriatric Authority executives, namely the Director of Personnel and the Coordinator of the In-service Department. They understood the employees' lack of skills and encouraged employees to participate in the workplace literacy program. The students already enrolled in the program also assisted in obtaining new recruits for the program. During the course of the grant period, several informational bulletins and fliers regarding the Workplace Literacy Program were made available to employees of the Geriatric Authority. See Appendix A.

II. Assessment and Testing

Throughout the course of the grant period, a specific series of assessment and testing media were used with each individual program participant prior to his or her beginning classes. Before the actual testing, each participant was required to complete a demographic questionnaire.

All testing took place in the setting of the GAH classroom under the supervision of the MCDI instructor. The Test of Adult Basic

Education (TABE), form 5, was the primary testing component. It was used to determine an individual participant's reading level (in the form of a number grade level) which assisted the instructor in formulating the student's individualized learning program. In addition, a battery of basic mathematics was administered to each participant to determine arithmetical proficiency.

In order to measure participants' increased self-esteem, a modified version of the Tennessee Self Concept Test was administered by the instructor to each student at the time of the initial testing. Upon completion of the program, each student was retested with the same tool to determine an increase in overall self-esteem.

Form 6 of the Test of Adult Basic Education (TABE) was administered to program participants by the instructor upon completion of the program to determine whether a two grade level increase had been obtained. For those students preparing for the high school equivalency examination (GED), a "pre-GED" (that is, an actual simulation) examination was administered by the instructor prior to sign-up for the actual test.

Copies have been included of the demographic questionnaire, modified Tennessee Self Concept Test, mathematics battery, and simulated GED examination. See Appendix B.

III. Class Schedule

At the beginning of the grant period, it was determined that the workplace literacy classes would meet four days per week and would be available to employees on all shifts. Morning classes were not considered due to the large number of patient care services administered in the morning hours. The schedule decided upon at the beginning of the grant period remained in force throughout, namely Monday through Thursday, 1:00 p.m. - 5:00 p.m. and 9:00 p.m. - 12:00 a.m. Participants attended class four (4) hours per week. Two of those hours were on release time from the Geriatric Authority, the other two on personal time. Throughout the course of the grant period, the class schedule seemed to present no stumbling blocks to employee participation in the program. See Appendix C.

IV. Curriculum Development

The preliminary steps in the program's development were those made through the cooperative efforts of the Massachusetts Career Development Institute (MCDI), the Geriatric Authority of Holyoke (GAH), and the United Food and Commercial Worker's Union. These steps were to communicate the availability of the program to employees, establish a classroom within the GAH facility, recruit and test interested participants, and schedule classes to accommodate employees without jeopardizing the care of nursing home residents.

An Advisory Council was formed which included administrators from the three sponsoring facilities, and the classroom instructor, curriculum developer, and GAH employees. The council met monthly to direct the development of the program and curriculum.

The first task in developing the curriculum was to identify twenty seven job-related skills required of nurses' aides by the state of Massachusetts. An immediate goal was to assist aides in passing successfully the state's training and testing requirements in order to maintain their employment status. Other curriculum goals sought to increase employees' self-esteem and confidence, improve their job performance and academic skills, and encourage upward job mobility.

As the curriculum process evolved, additional job-related skills were added to meet the needs and requests of nurses' aides and GAH administrators. Effective Communication, Alzheimer's Disease, Stress Management, Employment Professionalism, and Daily Resident Flow Sheets were combined with the basic twenty-seven skills into nineteen individual booklets that comprise the enclosed curriculum.

After each booklet was written, it was examined by the GAH In-service Staff Developer and field tested in the classroom. Corrections and modifications were edited into the final document in order to accommodate the reading levels of employees as well as reflect the reality of skills as they were performed at GAH.

In accordance with the grant mandate, 85% of the job-related curriculum is original. Short readings drawn from other published textbooks comprise the remaining 15%. Sources for these materials are documented at the end of each booklet. A concerted effort was made to use inclusive language. Video and photocopy resources were available from GAH resources.

Specific educational texts were used for GED preparation, math and college preparation. Workshops were also presented to employees on various nurses' aides skills. Over the year, approximately 81 employees were serviced.

As the program grew, the popularity of the job-related booklets spread to other medical personnel within the GAH facility. Nursing Assistants asked if they could use the booklets to secure Continuing Education Units (CEU) requirements. Many took advantage of these resources.

The Geriatric Authority sponsored a meeting with representatives from twelve different nursing home facilities within Western Massachusetts to discuss the Workplace Educational Development Program. On hearing about the program, the representatives requested copies of the curriculum for implementation within their respective communities. Additionally, other Health Related Occupational Programs at MCDI utilized booklets applicable to their programs.

There are many evaluative tools built within the program; pre and post tests, competency based job-related tests, and written comments from supervisors. The most effective documentation was received from supervisors and employees. Supervisors attested to the fact that aides increased their job performance and work enthusiasm. An employee remarked, after reading a job-related booklet, "I thought I understood this skill but I really learned something new".

In conclusion, three general elements contributed to the success of this program: the education, commitment, and expertise of personnel from the three agencies, open communication throughout all phases of the program's development and employees' willingness and determination to succeed. See Appendix D.

V. Continuing Education Units for Medical Workers

One of the most significant impacts of the Workplace Literacy Program at the Geriatric Authority involved continuing education units for medical workers. By Massachusetts law, all medical workers are required to accumulate twelve (12) continuing education credits every year in order to keep their certification. These credits are generally acquired through participation in in-service meetings, lectures, and programs "in house" at the Geriatric Authority.

With the cooperation of the In-Service Department coordinator, a program was developed in which medical workers could accumulate

"CEU's" through the successful completion of the job related curriculum packages discussed in section V of this report. The packages were distributed by the In-Service coordinator (the medical workers having first signed a sign-out sheet). The completed packages, together with their respective competency examinations, were then graded and recorded by the MCDI instructor. A checklist was kept on file for each of the participants for the purpose of tallying the number of units earned at the end of the year. A total of two (2) credit hours was awarded for the successful completion of EACH individual package.

Samples of the sign-out sheet and competency checklist can be found at the end of this report in Appendix E.

VI. GED Statistics and Two Grade Increases

One of the program goals was that eight-five percent (85%) of the program participants would successfully pass the High School Equivalency (GED) Examination. Not only was this goal achieved, but it was surpassed. By the end of the grant period, two participants successfully passed their GED examinations.

Another goal was that seventy-five percent (75%) of the program participants would obtain a two grade level increase. Of the eighty-one program participants, a total of fifty-two (52) obtained the two grade level increase. This figure represents approximately sixty-four percent (64%) of the total number of participants. (Note: The reason that this figure is short of the projected goal

was mainly due to the entry of participants at various times during the initial project commencement.)

Graphs and charts illustrating these statistics can be found at the end of this report in Appendix F.

VII. Certification Statistics

Another goal was that eighty-five percent (85%) of those medical workers eligible would pass the State licensing examination. Not only was this goal achieved, but it too was also surpassed. By the end of the grant period, eight (8) medical workers were identified as being eligible and qualified for the examination. All eight successfully passed. This figure represents one hundred percent (100%).

VIII. Recognition Ceremony

During one of the monthly advisory board meetings in March of 1992, it was decided, on the recommendation of the MCDI instructor, to recognize the achievements of the program participants in a formal awards ceremony to be held during business hours at the GAH facility. The thrust of the ceremony was not only one of recognizing those employees participating but also to encourage other employees to enroll in the program.

The ceremony was held on May 21, 1992, in the dining hall of the GAH facility. The GAH was represented by its Executive Director, Director of Personnel, staff supervisors, and Union officials.

MCDI was represented by its Director, counselor, instructor and staff curriculum developer. Press releases were sent to the local television stations and newspapers informing them of the event.

A total of twenty-six (26) recognition certificates were presented to those program participants for their achievement. The certificates were distributed by the Honorable William Hamilton, Mayor of the City of Holyoke, with the assistance of Mr. Frank D. Gulluni, Regional Administrator for Employment and Training, and the MCDI instructor.

For copies of the invitation to the ceremony, the award certificate, the press release, as well as an article from the local union newsletter, see Appendix G.

IX. Monthly Advisory Board Meetings

Monthly advisory board meetings were held in the executive offices of the Geriatric Authority on the first Tuesday of every month at 2:00 p.m. In these meetings, the Geriatric Authority was represented by its Executive Director, the Director of Personnel, the In-Service Department Coordinator, and the Director of the Alzheimer Resource Center. Employees of the Geriatric Authority were represented by the vice president of their union (United Food and Commercial Workers Union, local 1459) as well as four employees from various departments in the GAH. The MCDI was represented by the Project Director and the Program Coordinator, the vocational counselor, the staff curriculum developer, and the program instructor.

The purpose of the monthly meetings throughout the course of the grant period was primarily to develop the curriculum and assess the students' progress. The meetings served the purpose of bringing together all of the various components of the program, union, management, employees, and MCDI. Many ideas, criticisms, concerns and other important matters were brought to the table in the context of these meetings. For example, at the May 6, 1992, meeting, the Executive Director of GAH spoke of mistakes employees were making on various reports and he also inquired about family members attending literacy classes. Minutes were taken at every meeting. Copies were then distributed to each board member and one was kept on file for the benefit of any board member absent from a particular meeting. For samples of the minutes as well as copies of the sign-in sheets, see Appendix H.

X. Mount Holyoke College

During the course of the grant period, the GAH Workplace Education/ Literacy Program benefitted greatly from the involvement of Mount Holyoke College, South Hadley, Massachusetts. Through the College's Department of Education and Psychology, a senior, majoring in adult literacy education was assigned to the MCDI instructor as an intern. Her duties involved many aspects of the program: lesson preparation, testing, evaluation of assignments, and occasional classroom instruction. Overall, her presence in the program was a most welcome one and her efforts with the program participants were most successful. The MCDI and the GAH look forward to a continuing relationship with the college and its staff.

XI. Audio and Visual Equipment

It was decided early in the grant period to make available to program participants audio/visual devices which would be of benefit to them in their learning processes. It was to that end that a television and video cassette recorder (VCR) were purchased for the sole use of the students of the Workplace Education Program. The equipment is used with much frequency in the classes. The MCDI instructor utilized a number of educational videos with a great deal of success.

XII. Staff Development

Throughout the course of the grant period, staff development continued with the on-going assistance of Ms. Cheryl Cushing, Staff Development Consultant. The assistance of the Systems for Adult Basic Education Support (SABES, Massachusetts Department of Education, whose offices and library are housed at Holyoke Community College) was invaluable.

Samples of Ms. Cushing's material and a copy of the SABES library curriculum listing can be found at the end of this report. See Appendix I.

XIII. Summary

In closing, it is apparent that the Workplace Education Program of the Massachusetts Career Development Institute in partnership with the Geriatric Authority of Holyoke has done the utmost to serve the needs of its participants and to achieve its goals and objectives throughout the course of the grant period.

Today, the American worker is faced with greater competition and is vulnerable during these changing economic times. They must set their educational levels higher than the existing workforce. The reading level must be at optimum levels. This Workplace Education Project has afforded the employees and the management of the Geriatric Authority of Holyoke, Massachusetts, to bring literacy levels to greater heights.

Goals/Objectives for 1993:

1. Eligible students pass the GED test and State licensing examination.
2. Curriculum material is tested for replication.
3. Significant improvement in productivity and quality of work by those individuals participating in the Project.
4. Assist students to involve families to attend literacy classes.
5. Increased partnership with employees and management.

APPENDICES INDEX

A Recruitment

B Demongraphic Questionnaire
Tennessee Self Concept Exam
Mathematics Battery
Sample GED Exam

C Class Schedule

D List and Samples of Job Related Curricula

E Class Attendance Record for Curricula Testing
Competency Checklist

F Statistics

Charts and Graphs

G Award Ceremony

Press Release
Union Newsletter Article
Invitation
Certificate

H Advisory Board Meetings

Minutes
Sign-in Sheets

I Staff Development Material

APPENDIX A

FREE EDUCATION

Do You Want

- to improve your English?
- better reading and writing skills?
- to improve your job opportunities?
- your GED?
- to feel better about yourself?

if so.....

COME to the WORKPLACE EDUCATION PROGRAM

GAH
Classroom - 4th floor

Hours

Monday to Thursday

1:00 pm to 5:00 pm

and

9:00 pm to 12:00 am

Classes now AVAILABLE in

READING
WRITING
MATH
ENGLISH
GED

and

Job-RELATED SKILLS

APPENDIX B

GAH QUESTIONNAIRE

NAME

ADDRESS

CITY STATE ZIP

HOME TELEPHONE #

SOCIAL SECURITY #

SEX M F FLOOR OR UNIT

JOB TITLE

EMPLOYMENT START DATE EMPLOYMENT TERM DATE

CLASS ENTRY DATE CLASS TERM. DATE

SUPERVISOR'S NAME

GED TEST DATE GED OBTAINED

AGE 18-25 26-35 36-45 46-55 OVER 55

RACE ASIAN BLACK HISPANIC WHITE OTHER

PRE-TEST SCORES READING MATH

POST-TEST SCORES READING MATH

SELF ESTEEM T.S.C.S. SCORE

PRODUCTIVITY

NATIONAL WORKPLACE EDUCATION PROGRAM
Massachusetts Career Development Institute in partnership with
Geriatric Authority of Holyoke, Massachusetts

Put a circle around the response number you have chosen for each statement.

Completely false	Mostly false	Partly false and Partly true	Mostly true	Completely true
1	2	3	4	5

1. I have a healthy body.....1 2 3 4 5
2. I like to look nice and neat all the time.....1 2 3 4 5
3. I am an attractive person.....1 2 3 4 5
4. I am full of aches and pains.....1 2 3 4 5
5. I consider myself a sloppy person.....1 2 3 4 5
6. I am a sick person.....1 2 3 4 5
7. I am neither too fat nor too thin.....1 2 3 4 5
8. I am neither too tall nor too short.....1 2 3 4 5
9. I like my looks just the way they are.....1 2 3 4 5
10. I don't feel as well as I should.....1 2 3 4 5
11. I would like to change some parts of my body.....1 2 3 4 5
12. I should have more sex appeal.....1 2 3 4 5

19. I am a decent sort of person.....1 2 3 4 5
20. I am a religious person.....1 2 3 4 5
21. I am an honest person.....1 2 3 4 5
22. I am a moral failure.....1 2 3 4 5
23. I am a bad person.....1 2 3 4 5
24. I am a morally weak person.....1 2 3 4 5
25. I am satisfied with my moral behavior.....1 2 3 4 5
26. I am as religious as I want to be.....1 2 3 4 5
27. I am satisfied with my relationship with God.....1 2 3 4 5
28. I wish I could be more trustworthy.....1 2 3 4 5
29. I ought to go to church more.....1 2 3 4 5
30. I shouldn't tell so many lies.....1 2 3 4 5
31. I am true to my religon my everyday life.....1 2 3 4 5
32. I do what is right most of the time.....1 2 3 4 5
33. I try to change when I know I'm doing things that are wrong.1 2 3 4 5
34. I sometimes use unfair means to get ahead.....1 2 3 4 5
35. I sometimes do very bad things.....1 2 3 4 5

WHOLE NUMBERS

1. Add:

$$\begin{array}{r} 9 \\ 7 \\ 5 \\ 4 \\ 6 \\ 2 \\ +\ 8 \\ \hline \end{array}$$

2.

$$\begin{array}{r} 12 \\ 55 \\ 74 \\ 37 \\ 49 \\ +\ 86 \\ \hline \end{array}$$

3.

$$\begin{array}{r} 464 \\ 647 \\ 528 \\ 786 \\ 953 \\ +\ 275 \\ \hline \end{array}$$

4.

$$\begin{array}{r} 285346 \\ +\ 465987 \\ \hline \end{array}$$

5.

$$\begin{array}{r} 380240 \\ +\ 76095 \\ \hline \end{array}$$

6.

$$\begin{array}{r} 5237 \\ 4785 \\ 6876 \\ +\ 8569 \\ \hline \end{array}$$

7.

$$\begin{array}{r} 4105 \\ 3086 \\ 2470 \\ +\ 5909 \\ \hline \end{array}$$

Subtract:

8.

$$\begin{array}{r} 17 \\ -\ 9 \\ \hline \end{array}$$

9.

$$\begin{array}{r} 437 \\ -\ 29 \\ \hline \end{array}$$

10.

$$\begin{array}{r} 1289 \\ -\ 435 \\ \hline \end{array}$$

11.

$$\begin{array}{r} 745 \\ -\ 246 \\ \hline \end{array}$$

12.

$$\begin{array}{r} 620 \\ -\ 443 \\ \hline \end{array}$$

13.

$$\begin{array}{r} 84239 \\ -\ 36544 \\ \hline \end{array}$$

NAME _____ DATE _____

MATH PLACEMENT TEST

FRACTIONS and DECIMALS

FRACTIONS:
Divide

45. 3/8 ÷ 3 =

46. 3 ÷ 3/8 =

47. 1/2 ÷ 1/6 =

48. 4 2/3 ÷ 7/8 =

49. 5 1/3 ÷ 1/2 =

50. 10 1/2 ÷ 1 3/4 =

DECIMALS
Add:

51.
.4
+ .5

52.
.2
.6
.3
+ .8

53.
108.75
+ 235.87

54.
214.08
+ 17.9

55.
1.046
.87
.9
+ 4.

56.
$217.43
7.15
29.00
+ 4.35

57.
263.0005
+ 17.6

Subtract:

58.
.9
- .4

59.
128.9
- 19.8

60.
216.5
- 19.

61.
137.
- 15.8

62.
25.004
- 16.

63.
372.
- 135.006

DECIMALS

Multiply:

64. $\begin{array}{r} .4 \\ \times\ .9 \\ \hline \end{array}$

65. $\begin{array}{r} 1.5 \\ \times\ .9 \\ \hline \end{array}$

66. $\begin{array}{r} .025 \\ \times\ .3 \\ \hline \end{array}$

67. $\begin{array}{r} .15 \\ \times\ .06 \\ \hline \end{array}$

68. $\begin{array}{r} .004 \\ \times\ .03 \\ \hline \end{array}$

69. $\begin{array}{r} 3.54 \\ \times\ 2.1 \\ \hline \end{array}$

Divide:

70. $.005\overline{)\ .25}$

71. $15\overline{)\ 2.25}$

72. $1.3\overline{)\ .039}$

73. $1.2\overline{)\ 48}$

74. $.15\overline{)\ 75}$

75. $5\overline{)\ 3}$

TEST 1: WRITING SKILLS, PART I

Tests of General Educational Development

Directions

The Writing Skills Test is intended to measure your ability to use clear and effective English. It is a test of English as it should be written, not as it might be spoken. This test includes both multiple-choice questions and an essay. These directions apply only to the multiple-choice section; a separate set of directions is given for the essay.

The multiple-choice section consists of paragraphs with numbered sentences. Some of the sentences contain errors in sentence structure, usage, or mechanics (spelling, punctuation, and capitalization). After reading the numbered sentences, answer the multiple-choice questions that follow. Some questions refer to sentences that are correct as written. The best answer for these questions is the one which leaves the sentence as originally written. The best answer for some questions is the one which produces a sentence that is consistent with the verb tense and point of view used throughout the paragraph.

You should spend no more than 37½ minutes on the multiple-choice questions and 45 minutes on your essay. Work carefully, but do not spend too much time on any one question. You may begin working on the essay part of this test as soon as you complete the multiple-choice section.

Do not mark in this test booklet. Record your answers on the separate answer sheet provided. Be sure that all requested information is properly recorded on the answer sheet.

To record your answers, mark one numbered space on the answer sheet beside the number that corresponds to the question in the test booklet.

FOR EXAMPLE:

Sentence 1: **We were all honored to meet governor Phillips.**

What correction should be made to this sentence?

(1) insert a comma after honored
(2) change the spelling of honored to honered
(3) change governor to Governor
(4) replace were with was
(5) no correction is necessary

① ② ● ④ ⑤

In this example, the word "governor" should be capitalized; therefore, answer space 3 would be marked on the answer sheet.

Do not rest the point of your pencil on the answer sheet while you are considering your answer. Make no stray or unnecessary marks. If you change an answer, erase your first mark completely. Mark only one answer space for each question; multiple answers will be scored as incorrect. Do not fold or crease your answer sheet. All test materials must be returned to the test administrator.

Directions: Choose the one best answer to each item.

Items 1 to 7 refer to the following paragraph.

(1)One of the lifelong memories many of us share are the moment we obtained a driver's license. (2)If we were teenagers at the time these licenses signified our passage to adulthood. (3)We clearly remember practicing to handle a car well in heavy traffic and learning to parallel park. (4)We also prepared for the test by studying the driver's booklet, memorizing rules, and to learn road signs. (5)Because we dreaded possible disaster, the road test seemed worse than the written test. (6)While conducting these difficult tests, the state driving inspectors often seemed stern and unyielding. (7)Therefore, when all the tests were finally over, we felt a real sense of achievement. (8)Whether or not we have chosen to use our licenses since then. (9)They remain of enormous value to us. (10)They symbolize our passport both to independence and to the open road.

1. Sentence 1: **One of the lifelong memories, many of us share, are the moment we obtained a driver's license.**

   What correction should be made to this sentence?

   (1) change the spelling of memories to memorys
   (2) insert a comma after memories
   (3) change are to is
   (4) change driver's to drivers
   (5) no correction is necessary

2. Sentence 2: **If we were teenagers at the time, these licenses signified our passage to adulthood.**

   Which of the following is the best way to write the underlined portion of this sentence? If you think the original is the best way, choose option (1).

   (1) time these licenses
   (2) time. These licenses
   (3) time; these licenses
   (4) time, these licenses
   (5) time, because these licenses

3. Sentence 3: **We clearly remember practicing to handle a car well in heavy traffic, and learning to parallel park.**

   Which of the following is the best way to write the underlined portion of this sentence? If you think the original is the best way, choose option (1).

   (1) traffic and learning
   (2) traffic, but learning
   (3) traffic, for learning
   (4) traffic, so learning
   (5) traffic when learning

BEST COPY AVAILABLE

GO ON TO THE NEXT PAGE

TEST 2: SOCIAL STUDIES

Tests of General Educational Development

Directions

The Social Studies Test consists of multiple-choice questions intended to measure general social studies concepts. The questions are based on short readings which often include a graph, chart, or figure. Study the information given and then answer the question(s) following it. Refer to the information as often as necessary in answering the questions.

You should spend no more than 42½ minutes answering the questions in this booklet. Work carefully, but do not spend too much time on any one question. Be sure you answer every question. You will not be penalized for incorrect answers.

Do not mark in this test booklet. Record your answers to the questions on the separate answer sheet provided. Be sure all requested information is properly recorded on the answer sheet.

To record your answers, mark the numbered space on the answer sheet beside the number that corresponds to the question in the test booklet.

FOR EXAMPLE:

Early colonists of North America looked for settlement sites that had adequate water supplies and were accessible by ship. For this reason, many early towns were built near

(1) mountains
(2) prairies
(3) rivers
(4) glaciers
(5) plateaus

The correct answer is "rivers"; therefore, answer space 3 would be marked on the answer sheet.

Do not rest the point of your pencil on the answer sheet while you are considering your answer. Make no stray or unnecessary marks. If you change an answer, erase your first mark completely. Mark only one answer space for each question; multiple answers will be scored as incorrect. Do not fold or crease your answer sheet. Return all test materials to the test administrator.

ons: Choose the one best answer to each item.

s 1 to 4 are based on the following ertisement.

MEDICAL CLAIMS PROCESSORS

Due to continued growth, our local claims office is interviewing applicants who are interested in processing medical claims. Background in bookkeeping, accounting, banking, or medical billing, along with knowledge of medical terminology and/or keyboard skills, is preferred. A stable work history is required. Our training program can start your career in the insurance field. If you have the background and skills we are looking for, we invite you to call and set up an appointment to discuss these positions.

We offer an attractive benefit package and a four-day workweek.

PERPETUAL INSURANCE OF NORTH AMERICA
An Equal Opportunity Employer

1. Rosalin is preparing to interview for the job described in the ad. Her resume contains the five facts listed below. Which should she talk about in the interview as being most relevant to the job?

   (1) English grades of "A" in high school
   (2) part-time job as a theater usher
   (3) babysitting experience
   (4) summer jobs in a hospital and a doctor's office
   (5) ability to speak French

2. Five applicants described below answered the ad and applied for the job. Among the applicants, who has the most appropriate work experience called for in the advertisement?

   (1) Carl has worked for 18 months as a waiter.
   (2) Fred has been a teller at five banks in the last six years.
   (3) Susan has just graduated from high school.
   (4) Jan has been a bookkeeper for five years.
   (5) Jill has been a photographer for six months.

3. The job described would most likely satisfy a person who strongly values

   (1) creating something new
   (2) having predictable duties
   (3) taking risks
   (4) receiving public recognition
   (5) making the world a better place

4. The following five statements are about the job described in the ad. Which one is a statement of opinion rather than fact?

   (1) The job provides on-the-job training.
   (2) The job is an entry-level position.
   (3) The job offers a compensation package of salary and benefits.
   (4) The job involves use of medical terminology and a word processor.
   (5) The job is the best way to begin a career in the insurance field.

GO ON TO THE NEXT PAGE

TEST 3: SCIENCE

Tests of General Educational Development

Directions

The Science Test consists of multiple-choice questions intended to measure the general concepts in science. The questions are based on short readings which often include a graph, chart, or figure. Study the information given and then answer the question(s) following it. Refer to the information as often as necessary in answering the questions.

You should spend no more than 47½ minutes answering the questions in this booklet. Work carefully, but do not spend too much time on any one question. Be sure you answer every question. You will not be penalized for incorrect answers.

Do not mark in this test booklet. Record your answers to the questions on the separate answer sheet provided. Be sure all requested information is properly recorded on the answer sheet.

To record your answers, mark the numbered space on the answer sheet beside the number that corresponds to the question in the test booklet.

FOR EXAMPLE:

Which of the following is the smallest unit in a living thing?

(1) tissue
(2) organ
(3) cell
(4) muscle
(5) capillary

① ② ● ④ ⑤

The correct answer is "cell"; therefore, answer space 3 would be marked on the answer sheet.

Do not rest the point of your pencil on the answer sheet while you are considering your answer. Make no stray or unnecessary marks. If you change an answer, erase your first mark completely. Mark only one answer space for each question; multiple answers will be scored as incorrect. Do not fold or crease your answer sheet. Return all test materials to the test administrator.

BEST COPY AVAILABLE

Directions: Choose the one best answer to each item.

Items 1 to 6 refer to the following article.

Honeybees are social insects whose colony consists of three distinct forms of bees: queens, drones, and workers. Each colony may have a population of 30,000 to 60,000 individuals.

The sole purpose of the queen is to lay eggs, up to 1500 eggs in a single day. In preparation for this, the queen is fed special nutritious food called "royal jelly."

A drone is larger than the queen and exists to mate with the young queens. There are only a few hundred drones in each colony.

The rest of the colony consists of workers. The workers are aptly named because they do all the work. The workers must care for the queen, maintain the hive, gather nectar and pollen, and convert the nectar to honey. The life span of a worker depends upon the amount of work it does. The more energy it expends, the sooner it dies.

Honey or beeswax production is not significant to the agricultural industry in terms of monetary return. The value of honeybees lies in their role as pollinators for over 50 agricultural crops. Pollination is estimated to produce around 20 times the revenue produced by beeswax or honey.

1. All of the following duties are performed by the worker bees EXCEPT

   (1) cleaning the hive
   (2) grooming the queen
   (3) pollinating flowers
   (4) producing honey
   (5) fertilizing eggs

2. Which of the following aspects of honeybees would a nutritionist probably consider the most important?

   (1) the anatomy of the honeybee
   (2) the wholesomeness of honey as food
   (3) beeswax production for candles
   (4) beeswax production for polishes
   (5) the first aid required for bee stings

3. Which of the following, concerning bees, is of the most value to citrus farmers, who harvest thousands of acres of oranges?

   (1) honey production
   (2) beeswax production for candles
   (3) beeswax production for polishes
   (4) bees for scientific research
   (5) bees for plant pollination

4. Which of the following topics involving bees would an environmental scientist consider to be the most important?

   (1) the effects of insecticides on bees and subsequently the pollination of agricultural crops
   (2) the amount of honey production needed for export to another country
   (3) the beeswax production necessary to be successful in a small business
   (4) the dangers of bee stings on human beings and the effects of an antitoxin medication
   (5) the taste difference between honey and cane sugar and their uses in consumer products

TEST 4: INTERPRETING LITERATURE AND THE ARTS

Tests of General Educational Development

Directions

The Interpreting Literature and the Arts Test consists of excerpts from classical and popular literature and articles about literature or the arts. Each excerpt is followed by multiple-choice questions about the reading material.

Read each excerpt first and then answer the questions following it. Refer back to the reading material as often as necessary in answering the questions.

Each excerpt is preceded by a "purpose question." The purpose question gives a reason for reading the material. Use these purpose questions to help focus your reading. You are not required to answer these purpose questions. They are given only to help you concentrate on the ideas presented in the reading materials.

You should spend no more than 32½ minutes answering the questions in this booklet. Work carefully, but do not spend too much time on any one question. Be sure you answer every question. You will not be penalized for incorrect answers.

Do not mark in this test booklet. Record your answers on the separate answer sheet provided. Be sure all requested information is properly recorded on the answer sheet. To record your answers, mark the numbered space on the answer sheet beside the number that corresponds to the question in the test booklet.

FOR EXAMPLE:

It was Susan's dream machine. The metallic blue paint gleamed, and the sporty wheels were highly polished. Under the hood, the engine was no less carefully cleaned. Inside, flashy lights illuminated the instruments on the dashboard, and the seats were covered by rich leather upholstery.

The subject ("It") of this excerpt is most likely

(1) an airplane
(2) a stereo system
(3) an automobile
(4) a boat
(5) a motorcycle

① ② ● ④ ⑤

The correct answer is "an automobile"; therefore, answer space 3 would be marked on the answer sheet.

Do not rest the point of your pencil on the answer sheet while you are considering your answer. Make no stray or unnecessary marks. If you change an answer, erase your first mark completely. Mark only one answer space for each question; multiple answers will be scored as incorrect. Do not fold or crease your answer sheet. Return all test materials to the test administrator.

Directions: Choose the one best answer to each item.

Items 1 to 5 refer to the following excerpt.

WHY DOES THIS WRITER THINK THE BEATLES WERE SO POPULAR?

There is little doubt that the Beatles were the dominant force in American music during the 1960's. The group arrived in this country late in 1963; and by April of 1964, they had eight of the nation's top ten songs. They remained the country's number one group for the rest of the sixties because they were able to produce many different types of music. Today, several questions have arisen about the Beatles and their music; but one that seems to be the most puzzling is: "Why did they become so popular in America?"

One possible explanation for their popularity is that Ringo, Paul, George and John were four excellent musicians. However, it is doubtful that their musical talent alone was great enough to cause mass hysteria among the teenagers.

Other critics claim that the Beatles' music was unique. This may have been true in the late sixties, but it certainly was not true for their early music, which was similar to the rock and roll tunes of the late fifties.

Another theory holds that it was their manager, Brian Epstein, who made them so popular. Epstein got the Beatles their first record contract and decided on their "long hair" image. However, the fact that the Beatles remained quite popular after his death in 1967 seems to indicate that Epstein was not the major cause for their success.

The only other possible explanation appears if we consider the music scene of the late fifties and early sixties. By the end of the fifties, three men had emerged as the leaders of rock and roll: Chuck Berry, Buddy Holly and Elvis Presley. Holly, of course, was killed in a plane crash during 1959, and Berry went to prison in 1962. This left only Presley, who in 1960 decided to pursue his movie career rather than make personal appearances.

This lack of great rock musicians therefore seems to be the major cause for the Beatles' success. They came to this country as an unknown quantity and gave the teenagers what they wanted. The group's loud, fast music and unique "long hair" image were immediate hits, causing "Beatlemania" to spread across the country. As Bob Dylan put it, "It was obvious to me that they had staying power. I knew they were pointing the direction where music had to go."

From "Why Beatlemania" by Bill Leonard from A Rhetoric of Argument by Jeanne Fahnestock and Marie Secor. Copyright © 1982 by Random House, Inc. Used by permission.

TEST 5: MATHEMATICS

Tests of General Educational Development

Directions

The Mathematics Test consists of multiple-choice questions intended to measure general mathematics skills and problem-solving ability. The questions are based on short readings which often include a graph, chart, or figure.

You should spend no more than 45 minutes answering the questions in this booklet. Work carefully, but do not spend too much time on any one question. Be sure you answer every question. You will not be penalized for incorrect answers.

Formulas you may need are given on page 54. Only some of the questions will require you to use a formula. Not all the formulas given will be needed.

Some questions contain more information than you will need to solve the problem. Other questions do not give enough information to solve the problem. If the question does not give enough information to solve the problem, the correct answer choice is "Not enough information is given."

The use of calculators is not allowed.

Do not mark in this test booklet. The test administrator will give you blank paper for your calculations. Record your answers on the separate answer sheet provided. Be sure all requested information is properly recorded on the answer sheet.

To record your answers, mark the numbered space on the answer sheet beside the number that corresponds to the question in the test booklet.

FOR EXAMPLE:

If a grocery bill totaling $15.75 is paid with a $20.00 bill, how much change should be returned?

(1) $5.26
(2) $4.75
(3) $4.25
(4) $3.75
(5) $3.25

① ② ● ④ ⑤

The correct answer is "$4.25"; therefore, answer space 3 would be marked on the answer sheet.

Do not rest the point of your pencil on the answer sheet while you are considering your answer. Make no stray or unnecessary marks. If you change an answer, erase your first mark completely. Mark only one answer space for each question; multiple answers will be scored as incorrect. Do not fold or crease your answer sheet. Return all test materials to the test administrator.

FORMULAS

Description	Formula
AREA (A) of a:	
square	$A = s^2$; where s = side
rectangle	$A = lw$; where l = length, w = width
parallelogram	$A = bh$; where b = base, h = height
triangle	$A = \frac{1}{2}bh$; where b = base, h = height
circle	$A = \pi r^2$; where $\pi = 3.14$, r = radius
PERIMETER (P) of a:	
square	$P = 4s$; where s = side
rectangle	$P = 2l + 2w$; where l = length, w = width
triangle	$P = a + b + c$; where a, b, and c are the sides
circumference (C) of a circle	$C = \pi d$; where $\pi = 3.14$, d = diameter
VOLUME (V) of a:	
cube	$V = s^3$; where s = side
rectangular container	$V = lwh$; where l = length, w = width, h = height
cylinder	$V = \pi r^2 h$; where $\pi = 3.14$, r = radius, h = height
Pythagorean relationship	$c^2 = a^2 + b^2$; where c = hypotenuse, a and b are legs of a right triangle
distance (d) between two points in a plane	$d = \sqrt{(x_2 - x_1)^2 + (y_2 - y_1)^2}$; where (x_1, y_1) and (x_2, y_2) are two points in a plane
slope of a line (m)	$m = \frac{y_2 - y_1}{x_2 - x_1}$; where (x_1, y_1) and (x_2, y_2) are two points in a plane
mean	$mean = \frac{x_1 + x_2 + \cdots + x_n}{n}$; where the x's are the values for which a mean is desired, and n = number of values in the series
median	median = the point in an ordered set of numbers at which half of the numbers are above and half of the numbers are below this value
simple interest (i)	$i = prt$; where p = principal, r = rate, t = time
distance (d) as function of rate and time	$d = rt$; where r = rate, t = time
total cost (c)	$c = nr$; where n = number of units, r = cost per unit

APPENDIX C

WORKPLACE EDUCATION SCHEDULE

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY
1-2 PM	M. VEGA R. ABSOUS H. RUIZ S. COURNOYER	C. MURRAY V. ST. PIERRE M. CARMONA	M. VEGA R. ABSOUS H. RUIZ S. COURNOYER	C. MURRAY V. ST. PIERRE M. CARMONA
2-3 PM	C. SANTIAGO N. WIGGINS L. MATTEY M. FOURNIER J. DORE D. PERKINS S. GIBLO H. RUIZ S. O'BRIEN M. RODRIGUEZ J. SAEZ S. COURNOYER S. SANTANA	M. CINTRON L. DAVIAU V. ANNAMANTHADO M. REYES V. MOREL L. LUPI M. GIBSON M. GORECKI C. MORIN V. GADOUA	C. SANTIAGO N. WIGGINS L. MATTEY M. FOURNIER J. DORE D. PERKINS S. GIBLO H. RUIZ S. O'BRIEN M. RODRIGUEZ J. SAEZ S. COURNOYER S. SANTANA	M. CINTRON L. DAVIAU V. ANNAMANTHADO M. REYES V. MOREL L. LUPI M. GIBSON M. GORECKI C. MORIN V. GADOUA
3-4 PM	C. SANTIAGO M. VEGA R. ABSOUS J. DORE D. PERKINS S. GIBLO L. MATTEY S. O'BRIEN J. RODRIGUEZ J. SAEZ	L. DEROSIER C. MURRAY V. ST. PIERRE V. MOREL L. LUPI M. GIBSON M. CARMONA M. GORECKI C. MORIN V. GADOUA M. CINTRON L. DAVIAU V. ANNAMANTHADO	C. SANTIAGO M. VEGA R. ABSOUS J. DORE D. PERKINS S. GIBLO L. MATTEY S. O'BRIEN M. RODRIGUEZ J. SAEZ	L. DEROSIER C. MURRAY V. ST. PIERRE V. MOREL L. LUPI M. GIBSON M. CARMONA M. GORECKI C. MORIN V. GADOUA M. CINTRON L. DAVIAU V. ANNAMANTHADO
4-5 PM		L. DEROSIER		L. DEROSIER
X	X	X	X	X
9-10 PM	W. WIGGINS M. FOURNIER S. SANTANA	L. DAVIAU M. REYES	N. WIGGINS M. FOURNIER S. SANTANA	L. DAVIAU M. REYES
10-11 PM	B. BYRNES D. LAFAYETTE M. ROBERTS	A. KELLER L. CHENAIL P. PROVOST	B. BYRNES D. LAFAYETTE M. ROBERTS	A. KELLER L. CHENAIL P. PROVOST
11-12 PM	B. BYRNES D. LAFAYETTE M. ROBERTS	A. KELLER L. CHENAIL P. PROVOST	B. BYRNES D. LAFAYETTE M. ROBERTS	A. KELLER L. CHENAIL P. PROVOST

APPENDIX D

CURRICULUM DEVELOPMENT TO DATE

TITLE	AREA
Oral, Rectal Temperatures	NA
Paint Preparation	HK
GAH Menu	FS
Role of the Nurses' Aide	NA
The Housekeeper and Public Relations	HK
Effective Communication Skills for the Nurses' Aide	NA
Nailcare and Shaving	NA
Oral Hygiene	NA
Ratio and Proportion	HK
On Death and Dying	NA
Nutrition	GEN
Ethical-Legal	GEN
Bathing	NA
Bedmaking Measuring, Weight and Height	NA
Safety Precautions	GEN
Alzheimer	GEN
Moving, Lifting, Transporting Residents	NA
Infection Control and Isolation Precautions	NA
Fluid Intake and Output A.M./P.M. Care	NA

Workplace Educational Development

BATHING, DRESSING AND HAIR CARE

© Massachusetts Career Development Institute

Geriatric Authority of Holyoke

United Food and Commercial Workers Union Local 1459

COMPETENCY **BATHING, DRESSING, HAIR CARE**

OBJECTIVES

1. To learn how to assist residents in bathing activities.
2. To know procedures for a proper back rub.
3. To understand ways to help residents dress and undress.
4. To review ways to provide hair care.

PROCEDURES

1. Bathing
   - A. Tub or shower
   - B. Bed Bath
   - C. Partial Bath
   - D. Special Needs Bathing: IV Line, Century Tub
2. Back Rub
3. Dressing and Undressing Resident
4. Hair Care
   - A. Combing, Brushing
   - B. Shampooing

SUPPLEMENTARY EDUCATIONAL MATERIALS

Readings:
1. Giving a Bed Shampoo
2. Century Tub Bathing
3. Bathing Residents with IV Line

Videos:
1. CNA 210 Assisting with Dressing
2. CNA 211 Techniques in Bathing

COMPETENCY TEST Bathing, Dressing, Hair Care Competency Test

BATHING

Bathing is as important to a resident as it is to our own personal well being. Besides removing dirt and perspiration, bathing makes us feel relaxed, clean and refreshed. With older people, bathing also increases circulation and provides mild exercise.

Bathing includes complete or partial baths. A partial bath includes cleaning the hands, face, axillae, buttocks and genitals. Some residents are bathed in bed while others are permitted a full tub bath or shower. In all bathing procedures, residents should be encouraged to do as much as possible for themselves.

Each resident has a complete bath one to three times a week, depending on the nursing home policy, doctor's orders or the special needs of the resident. What is important is that the resident feels fresh between baths, shampoos and other types of personal care.

The bathing area should be comfortably warm. Cotton blankets are used for warmth during a bed bath or after a tub bath or shower.

Handrails should be in the wall to prevent falls and assist residents in and out of a tub. If a chair is used in the shower, be sure it is secure.

Safety signals are in the bath areas in case of emergencies. Always remain with the residents while they are bathing and keep bathroom doors unlocked. If something happens, stay with the person and call for help on the safety signal.

To begin any bathing procedure, wash your hands, indentify resident, provide privacy and explain what you are going to do.

TUB BATH OR SHOWER

EQUIPMENT

soap, washcloth
2-3 bath towels
bath blanket
bath powder
chair or stool beside shower or tub
bath-shower chair, if needed
robe, gown and slippers
bath mat
shower cap, if applicable
foot basin

Before beginning, be sure that the bathing areas are clean. Fill the tub half full or adjust shower flow with comfortably warm water (105°F). Never adjust the water controls while the person is in the tub or shower.

Assist the resident in removing clothes, get into bathing area and wash the entire body. Be gentle with body parts and avoid overextending the limbs and joints. A person may be respectfully left alone to wash the genitals. If not able to do so, you must perform this part of the bathing procedure.

A foot basin is sometimes used in a shower for the person to soak his/her feet. When washing the feet in the shower or tub, pay attention to between the toes and nail beds.

When bathing is completed, help the resident out of the tub or shower, holding the bath blanket around the person to maintain privacy. Dry the body thoroughly. Assist the resident in dressing before returning him or her to the bedroom unit.

Leave the bathing area clean for the next resident. Return all supplies and place the soiled clothing in the appropriate container. The final step is to wash your own hands and record that the task is accomplished.

EXERCISE

Answer the following questions in your own words.

1. **What is a comfortable bath water temperature?**

   _____

2. **What piece of bathing equipment is used to keep the resident warm and also provide privacy?**

   _____

3. **What part of the feet need special attention during bathing?**

   _____

4. **What wall safety device is used to assist residents in and out of the tub?**

   _____

5. What safety device is used in the event of an emergency?

   _____

6. How should the bathing area be left for the next resident?

   _____

BED BATH

EQUIPMENT

disposable gloves
bed linen
bath blanket
laundry bag or hamper
bath basin
soap and soap dish
wash cloth
face towel
bath towel
night clothes, gown
lotion, powder

Residents who are ill or seriously limited may need a bed bath. Know that this is a sensitive issue for some people who may feel embarrassed because they are dependent on someone else for this personal care.

Begin by washing your hands and placing everything you need on the bedside or over-the-bed table. Fill the basin with water only after the resident is prepared.

PREPARATION

1. Explain to the resident what you are going to do.

2. Check room temperature to prevent chilling. Provide privacy by drawing the curtains.

3. Remove the spread and blanket. Place the bath blanket over the top sheet and remove the sheet by sliding it out from under the bath blanket.

4. Leave one pillow under the resident's head and place the other one on the chair.

5. Remove night wear or pajamas. Make sure the bath blanket covers the person.

GENERAL SUGGESTIONS

1. Be aware that bathing is an excellent time to check the skin condition of the resident.

2. Let resident assist you as much as possible.

3. Make a mitten of the wash cloth in your hand.

4. Fill the wash basin two-thirds full with water at 105°F. Change the water whenever it becomes cool.

5. To keep the resident warm, uncover only one part of the body at a time. Wash, rinse and dry each body part and cover it again to protect privacy.

BATHING THE RESIDENT

1. Place the towel across the resident's chest. Wash the face, neck and ears first. Wash eyes, wiping from the inside to the outside corners. Use soap only if desired by the resident and never keep it in water. Use a towel to dry washed areas.

2. Expose the resident's far arm. Protect the bed by placing a bath towel underneath the arm. Hold the arm above the wrist. Wash the shoulder, armpit, arm and hand. Rinse and dry. Bathe the other arm in the same way. Apply deodorant and powder if the resident wishes it.

3. Place the bath towel over the resident's chest and fold the bath blanket to the waist. Wash, rinse and dry the chest area under the towel, being careful of folds under a womens breast.

4. Fold the bath blanket down to the pubic area and wash, rinse and dry the abdomen and navel areas. When finished, cover the abdomen and chest with the bath blanket and slide the towel out from under it.

5. Expose the thigh, leg and foot. Place the towel lengthwise under the leg to protect the bed. Put the basin on the towel, and if possible, place the resident's food in the basin. Wash and rinse the leg and foot, especially between the toes. Dry them well. Do the other leg in the same way.

6. It may be necessary to change the water if it becomes too cold or soapy.

7. Have the resident turn to the side, toward the center of the bed, placing the towel lengthwise next to the resident's back. Wash, rinse and dry the neck back and forth, using long, firm strokes. Apply lotion or give a back rub.

8. Turn the patient on his or her back, placing a towel under the buttocks. If the resident can wash his/her own genitals, place equipment within easy reach. If not, wear disposable gloves and do the procedure yourself.

FINISHING CARE

1. Rub lotion on areas that are dry, reddened or tender.

2. Put a clean gown on the resident.

3. Let the person comb his/her own hair, assisting if necessary. Women may wish to use makeup.

4. Clean all equipment and return the articles to their proper place.

5. Make the bed, adjust side rails, and straighten tables, making sure they are clean and free of dust.

6. Place soiled linens in the appropriate containers.

7. Place call light within reach of patient and wash your hands.

PARTIAL BATH

The same equipment is used for a partial bath that is used for a full bed bath. The resident is also prepared in the same manner. The difference in a partial bath is that the water basin, soap, and washcloth are placed on the over-the-bed table within easy reach for the resident. The resident then washes his/her self as much as possible. When done, the resident uses the call signal for the aide to return and complete the task.

After washing hands and changing the water, the aide washes and dries those areas the resident couldn't reach, using disposable gloves to wash the buttocks and genitals. The finishing procedures are the same as for a bed bath.

BATHING RESIDENTS WITH SPECIAL NEEDS

Residents with special needs are those who have an IV, drainage tubes or receive oxygen. Other may need a bath in a Century Tub. Presently there are four Century Tubs at GAH. Bathing a resident in a Century Tub or with an IV is discussed in the extra reading materials.

There are three general safety measures to be aware of when bathing a resident with an IV tube. They are important enough to mention here.

1. Do not place any pressure on tubes.

2. Be sure the IV bottle is never lower than the infusion site.

3. Never raise the drainage tube above the drainage site.

EXERCISE

Answer the following questions.

1. What should the nurses' aide check during the bathing procedure?

_____

2. What is used to prevent water from wetting the bed?

_____

3. What is NOT kept in the water while bathing a resident?

_____

4. What does a nurses' aide wear to wash the resident's buttocks and genitals?

_____

5. What part of the body is washed first?

_____

6. Name one safety measure to follow when bathing a resident with an IV?

_____

BACK RUB

Most people enjoy a back rub because it releases tension and anxiety while providing comfort to the body. Back rubs are relaxing, soothing and refreshing. Because of this, they are especially appreciated by and helpful to residents.

Back rubs are usually given as part of the resident's bathing routine, after using the bedpan, changing the position of the helpless resident, at bedtime or when comfort is needed.

During this time, an aide has the opportunity to check the condition of the skin and notice if there is any breakdown (called decubiti). Breakdown might include any raw areas or reddened areas that do not whiten when pressed.

BACK RUB EQUIPMENT

basin of water (105°F)
bath towel
soap, alcohol or lotion
body powder, if permitted

PROCEDURES

As in all procedures, begin the task by washing your hands. Raise the bed to a comfortable height and put up the bed rail on the opposite side of where you're working. Turn the resident on his/her side with the back facing you, exposing the back and upper buttocks. Keep the remainder of the body covered. Wash and dry the resident's back.

Pour a small amount of lotion in your hands. Rub your hands together to warm them. Apply lotion to the skin with long, smoothing strokes. This also stimulates circulation.

Begin at the base of the spine, go up to the center of the back, around the shoulders and down the side of the back and buttocks about four times. On the downward stroke, rub by using a small circular motion with the palm of your hand.

A back rub usually lasts about 3-5 minutes. When finished, remove any excess lotion and dry the back carefully. The final steps are to straighten the bedding and resident's clothing. Assist the resident into a comfortable position. Wash your hands and record the date on the chart.

VOCABULARY

Study these vocabulary words carefully.

1. decubiti - pressure sores, bed sores
2. buttocks - two fleshy parts that form the lower back body trunk
3. circular - moving in the form of a circle
4. axillae - armpits, area in front of the arm
5. genitals - exterior reproductive organs
6. privacy - away from notice of the public
7. disposable - designed to be thrown away
8. applicable - capable of being used
9. pubic area - lower part of the abdomen covering genitals
10. device - made for a particular working purpose

EXERCISE

Write the vocabulary word which completes each statement below.

buttocks	pubic	axillae
genitals	privacy	decubiti
disposable	circular	applicable
	device	

1. Bathing is a procedure that requires respect and _____.

2. The _____ area protects the genitals.

3. A medical term for bed sores is _____.

4. The external reproductive organs are referred to as the _____.

5. _____ is another name for the armpits.

6. In giving a back rub, it is good to use a _____ motion.

7. Gloves used to wash the buttocks are _____ gloves.

8. Fleshy parts that form the lower back body trunk are the _____.

9. Handrails are a safety _____ on the walls near the tub.

10. A shower cap is _____ if a person wishes to use one.

DRESSING AND UNDRESSING RESIDENT

Residents like to wear street clothes because they feel responsible, independent and less like invalids. However, their dressing and undressing needs vary, depending on the abilities of each resident.

Those who need minimal help include

1. The blind need help to color coordinate and place clothes on bed or chair.

2. A woman with limited shoulder mobility needs help to zip the back of a dress.

3. A resident who gets dizzy putting on shoes and stockings.

4. Confused residents who might wear clothes backwards or inside out.

There are preliminary steps to follow. Washing your hands is the first step. Because dressing or undressing is a personal procedure for the resident, provide privacy. Explain to the person that you are there to help. As in other procedures, encourage as much help from the resident as possible. Allow the person to choose the clothes he or she will be wearing.

Where there is a weak arm or leg, remember to put clothes on the weak side first, then the strong. When undressing, remove clothing from the strong side first and then the weak side.

DRESSING PROCEDURES

1. Place clothing on the chair in the order in which each article will be used; first item on top, the last item on the bottom.

2. Remove the gown, pajamas or soiled clothing. Assist in putting on underclothing and then outer garments. Zippers are managed better when a string or ribbon is tied through the tab.

3. Stockings are next. For women, make sure what is holding up the nylons is not constricting.

4. Place shoes on the floor and have the resident slip into them. A shoe horn is helpful. Shoes give more support than slippers and are safer.

5. Wash your hands when the dressing is completed.

UNDRESSING PROCEDURES

1. Have the resident sit on the side of the bed and help remove his/her shoes and stockings. If this cannot be done, spread a cloth or paper over the foot of the bed. Have the person lie down with feet on a protective covering in order to remove shoes and stockings.

2. Help resident remove outer garments. Unzip or unbutton the clothes before the resident lies down. If a resident has on a slip or dress, pull clothing over the woman's buttocks before she lies down. Assist in removing undergarments, nightgown or pajamas.

3. Place soiled clothes in proper place and hang clean clothes in the closet or place them in a dresser.

4. Make the person comfortable with the call light within reach. Wash your hands to complete the procedure.

EXERCISE

Arrange these procedures in the proper order by numbering the phrase 1, 2, and 3.

DRESSING		UNDRESSING	
put on stockings	____	remove outer garments	____
place clothes on chair	____	remove shoes	____
remove gown or pajamas	____	remove under garments	____

Answer these questions.

1. Why are shoes better to wear than slippers?

_____

2. Why is it important to have residents choose their own clothes?

_____

3. Give three examples of residents who need minimal assistance in dressing.

_____

_____

_____

HAIR CARE

Residents in nursing homes like to feel good about themselves. One way to provide a positive attitude about self is through good hair care. When residents' hair is clean and combed, their sense of well-being is improved. Good nutrition and liquid intake also promote healthy hair and scalp.

Hair care involves brushing, combing, shampooing, and styling. Some larger nursing homes have beauty parlors and barbers to provide much of this care. If there is none, the responsibility for hair care lies with the nurses' aide.

Brushing and combing are daily activities that are usually done in the morning and as needed during the day. Shampooing is usually done once a week. These procedures are discussed further on in the booklet.

Hair styles depend on a person's ethnic and cultural background. The condition of the hair or scalp also determines hair styles.

Encourage residents to take care of their hair as much as they possibly can. The movement of their arms, hands, and shoulder provide good exercise.

If the resident is in bed and needs hair care, place a towel on the pillow. When the resident is in a chair, the towel is placed over the shoulder.

After you have washed your hands, brush the hair and scalp gently. If tangles need to be removed, start with the comb near the end of the hair and move toward the scalp.

Part the hair in sections if helpful. Comb with one hand between the scalp and the end of the hair. Repeat this procedure for different parts of the head. Arrange the hair attractively according to the style desired by the resident. Have a mirror handy to show the results to the resident.

Women with long hair may have it braided or arranged at the top of the head to prevent snarling. Ask women if they wish to use hairpins, ribbons or barrettes.

Watch the scalp for any flaking or skin irritation. If found, tell the charge nurse.

After cleaning the comb and brush, return them to the table drawer. Combs or brushes are never exchanged between residents.

When the task is finished, wash your hands and mark necessary data on the resident's chart to show the task was completed.

SHAMPOOING

Procedures for shampooing in a tub, shower or at a sink are as follows.

1. Gently remove tangles from the hair with a comb.

2. Be sure the water temperature is warm in order to avoid scalp burns. If the resident is at a sink, use a towel around the shoulders. Moisten the hair and turn off the water.

3. Gently massage the scalp with shampoo, being careful not to get any soap in the resident's eyes. Rinse well. You may wish to do this step a second time.

4. Turn off the water and wring out the hair. If at the sink, place the shoulder towel over the head and dry the hair.

5. Style hair with a comb or brush.

6. Clean and replace any equipment used. Wash your hands. Report anything unusual about the head or scalp to the charge nurse.

The procedures for giving a bed shampoo are different. These procedures are outlined in an article from the supplementary reading that will be given to you after you read this booklet.

VOCABULARY

Learn the meaning of these words.

1.	scalp	- skin on top and back of head
2.	rinse	- remove soap by water
3.	massage	- rubbing head
4.	wring	- press to get out water
5.	exchange	- give something for something else
6.	snarl	- tangled mass of hair
7.	style	- design or fashion (of hair)
8.	ethnic	- race or nationality
9.	unusual	- not ordinary or common
10.	attractive	- draw attention by looking good

EXERCISE

Write the BEST vocabulary word to complete each statement below.

scalp	wring	style
rinsing	exchange	ethnic
massage	snarl	unusual
	attractive	

1. It is not healthy to let another resident share a comb or brush. _____

2. The procedure that removes soap from the hair is _____.

3. Something that is very different is _____.

4. A word that usually goes with cultural is _____.

5. The way a person wears clothes or shape of hair is _____.

6. A tangle in the hair is a _____.

7. The part of the head covered with hair is referred to as the _____.

8. Rubbing the hair gently with shampoo is to _____ it.

9. To draw someone's attention by looking good is to be _____.

10. Pressing the hair to get out the water is to _____ it.

Ask your instructor for the three short readings that are listed on page 1.

BATHING, DRESSING, HAIR CARE COMPETENCY TEST

Circle the letter that is the BEST answer to each statement.

1. Soiled linens should be placed
   a. on the floor
   b. in a covered linen container
   c. in a labeled bag
   d. on the resident's chair

2. How many times during a shift should the aide wash his/her hands?
   a. before and after each contact with resident
   b. beginning and end of shift
   c. once before shift begins
   d. before and after serving meals

3. Give a back rub
   a. every time it is requested by the resident
   b. when changing position of helpless residents
   c. on the orders of the physician
   d. on the orders of the charge nurse

4. Bath water temperature should be
   a. 105°F
   b. 90°F
   c. 100°F
   d. 115°F

5. The best way to warm lotion before applying it is to
   a. shake the lotion bottle
   b. raise room temperature
   c. pour lotion on hands and rub them together
   d. none of the above

6. Residents needing special care during baths are those
   a. with drainage tube
   b. with IV
   c. with oxygen
   d. all of the above

7. If there is skin irritation on resident's back
   a. give a back rub
   b. tell the nurse in charge
   c. put powder on the rash
   d. cover the area with gauze

8. When resident's hair is tangled
   a. comb near the end of hair and move toward scalp
   b. cut out the tangle with scissors
   c. call the charge nurse
   d. none of the above

9. The first step to prepare a resident for a bath is to
   a. test the water temperature
   b. help the resident undress
   c. close doors and windows
   d. tell the resident what you are going to do

10. The charge nurse asks the aide to encourage a resident to bath. The aide should
   a. put supplies in bath area
   b. ask resident's roommate to do it
   c. stay with resident and help give the bath
   d. bring resident to tub and leave

11. When giving a bed bath, work from
   a. head to toe
   b. toe to head
   c. middle to head
   d. middle to feet

Answer true or false to the following.

1. Bathing can provide the resident with mild exercise. _____
2. Stress can be placed on drainage tubes as long as they are not disconnected. _____
3. A bath can be omitted if a resident is receiving an IV. _____
4. In a bed bath, only the part being washed should be exposed. _____
5. The nurses' aide can do other things while a resident takes a bath. _____
6. Bathing is done only on days a resident has visitors. _____
7. An aide is permitted to leave a resident in the tub to answer a call. _____
8. When helping someone dress, lay out the clothes so that the first item worn is on the bottom. _____
9. Adjust bath water temperature after the resident is in the tub or shower. _____
10. Slippers are better to wear around the nursing home because they are more comfortable. _____

ANSWER SHEET - BATHING, DRESSING, HAIRCARE

EXERCISE M-9

1-6 Answers vary

EXERCISE M-11,12

1.	privacy	6.	circular
2.	pubic	7.	disposable
3.	decubiti	8.	buttocks
4.	genitals	9.	device
5.	axillae	10.	available

EXERCISE M-14

3,2,1 2,1,3 Answers vary on 1, 2 and 3.

EXERCISE M-17

1.	exchange	6.	snarl
2.	rinsing	7.	scalp
3.	unusual	8.	massage
4.	ethnic	9.	attractive
5.	style	10.	wring

COMPETENCY TEST

1.	c	7.	b
2.	a	8.	a
3.	b	9.	d
4.	a	10.	c
5.	c	11.	a
6.	d		

1.	true	6.	false
2.	false	7.	false
3.	false	8.	false
4.	true	9.	false
5.	false	10.	false

SOURCES FOR SUPPLEMENTARY MATERIALS

Caldwell, Esther, and Hegner, Barbara. Nursing Assistant: A Nursing Procedure Approach. New York: Delmar Publishers, 1989, pp. 262-263, 267, 270-271.

Workplace Educational Development

ALZHEIMER'S DISEASE

© Massachusetts Career Development Institute

Geriatric Authority of Holyoke

United Food and Commercial Workers Union Local 1459

COMPETENCY **ALZHEIMER'S DISEASE**

OBJECTIVES

1. To recognize the symptoms and behaviors caused by Alzheimer's.
2. To understand the progressive development of the disease.
3. To define ways to diagnose the disease and treat patients.
4. To describe positive ways for Nurses' aides to care for Alzheimer's patients.

PROCEDURES

1. Causes and Symptoms of Alzheimer's Disease
2. Diagnosis and Progressive Stages of Alzheimer's
3. Changes in Intellectual Capacity
4. Caring for Alzheimer's Patients
5. Communication and Reality Orientation

SUPPLEMENTARY EDUCATIONAL MATERIALS

Readings:
1. Alzheimer's Patient Care
2. About Alzheimer's Disease

Video:
1. Caring - See GAH Alzheimer's Resource Center

COMPETENCY TEST

Alzheimer's Disease Competency Test

INTRODUCTION

The nurses' aide entered the GAH facility one spring morning with more energy than she normally had. After experiencing many days of fatigue on the job, she resolved to get more sleep at night instead of reading her book until the wee hours of the morning. Mary Fisher realized her work with Alzheimer's patients required that she take good care of herself if she hoped to provide good care.

Mary's first task was to take Mr. Wilson downstairs to the Therapy Department. Upon entering his room, Mary introduced herself to Mr. Wilson and explained that she was going to take him for therapy treatment.

"Are you new here? I don't remember you," commented Mr. Wilson.

"My name is Mary Fisher and I've come to take you to the Therapy Department." Mary proceeded to help Mr. Wilson into a wheelchair.

"Where did you say I was going?"

"The Therapy Department is expecting you in fifteen minutes." Mary tried to remain patient.

"You didn't tell me that. Why do I have to go there?"

"You've been going for therapy on your arm every week for the last three months." Mary tried to keep her voice in a soft, consistent tone.

Mr. Wilson looked questionably at Mary as she wheeled him into the elevator. The trip down was one of silence until Mr. Wilson yelled out angerly, "Where are you taking me? I want to go back to my room now."

"Mr. Wilson, you're going for therapy on your arm. It won't take long and then I'll bring you back to your room." Mary breathed a sigh of relief when she entered the therapy room. She made a promise to herself that she would get eight hours of sleep more often.

The scene described above is a typical reaction from a patient suffering from Alzheimer's Disease. It is estimated that Alzheimer's effects over 4 million middle age and older people. It is one of the major health problems in the country and the fourth leading cause of death in older people.

The scene also points out how necessary it is for care givers to understand the nature of the disease. Care givers need great patience and good personal health habits in order to provide effective care to those with Alzheimer's.

CAUSE

Alzheimer's is named after a German physician, Alois Alzheimer, who described the conditions of the disease in 1906. Today we are much more aware of the problems caused by the disease.

Although the actual cause of Alzheimer's Disease, sometimes referred to as AD, is unknown, there are some known facts about the disease. Basically, Alzheimer's impairs the proper function of the brain. What happens is that the protein in the nerve cells in the cortex of the brain changes. The cortex is the outer layer of the brain associated with higher learning. When these abnormal fibers gather together, they form "tangles."

Changes also happen in the nerve endings scattered throughout the cortex which disrupt the passage of messages between cells and form "plaques." The greater the number of tangles and plaques, the greater is the disturbance in the function of the intellect and memory.

There is no cure or prevention for the disease at this point in time. There is, however, much research taking place to find the cause of the disease. Much of the focus of medical care is aimed at slowing its progress and reducing the symptoms.

SYMPTOMS

The first thing to note about the disease is that it is progressive. The disease begins gradually and over time becomes worse, usually from a 3 to 15 year period.

The chart that follows shows the gradual stages of the disease and how behavioral symptoms worsen with the progression of the disease.

STAGES OF ALZHEIMER'S

EARLY
- little significant change in the brain
- shows forgetfulness common to the elderly
- can care for oneself and function in society

BORDERLINE
- increasing inability to remember
- aware of failings and becomes frustrated
- may remain at this level for years

MILD
- forgets daily responsibilities
  - shopping
  - shutting off appliances
  - handling finances
- where valuables are placed
- denies behavior and withdraws

MODERATE
- needs supervision to survive
- severe memory loss
- disorientation to persons, places and times
- anger, suspicion, crying
- decreased ability to dress, eat, go to the toilet

SEVERE
- greater memory and concentration loss
- more disoriented
- unable to communicate
- hostile, violent, hallucinating
- becomes incontinent
- loss of movement control
- fears bathing

LATE
- requires total care
- speaks only a word or two or grunts
- unable to chew food, may need to be fed
- difficulty walking or standing, falls easily

VOCABULARY

Learn these vocabulary words.

1.	impairs	- lessen the strength of
2.	resolve	- make up one's mind
3.	disturbance	- trouble or disruption
4.	symptom	- change in the body that indicates disease
5.	progressive	- to continue
6.	incontinent	- lack of control to urinate or defecate
7.	increase	- make greater
8.	inability	- unable to do something
9.	concentrate	- think about one thing
10.	supervise	- oversee something done

VOCABULARY EXERCISES

Write the number in Column B with the definition from Column A.

COLUMN A		COLUMN B	
1.	symptom	____	can't urinate
2.	inability	____	makes larger
3.	incontinent	____	settles
4.	impairs	____	sign of disease
5.	resolve	____	think about
6.	progressive	____	watch over
7.	disturbance	____	can't do something
8.	increase	____	strength becomes weaker
9.	concentrate	____	disrupt
10.	supervise	____	gradually gets worse

DIAGNOSING THE DISEASE

Residents who show signs of mental disorder are usually called senile. Senile dementia is a general term used to describe older people with mental impairment. About one half of these people have Alzheimer's Disease. There are also other diseases that effect the nervous system. They are Parkinson's Disease, strokes, multiple sclerosis and epilepsy. Brain tumors, thyroid dysfunction and pernicious anemia also effect the nervous system. Because there are so many conditions that produce similar symptoms, it is important to be tested for Alzheimer's to rule out other illnesses that resemble it.

There is no simple test to diagnose Alzheimer's. A combination of physical, neurological and psychiatric tests are necessary.

PHYSICAL

- medical history
- blood test
- x-rays
- electrocardiogram - EKG
- other necessary tests

NEUROLOGICAL

- electroencephalogram - EEG
- computerized tomogram - CT scan
- magnetic resonance - MRI
- check on reflexes, motor and sensory functions

PSYCHIATRIC

- full clinical review by psychiatrist or psychiatrist or psychologist
- tests memory on numbers and misplaced objects
- test for general emotional health

The diagnosis of Alzheimer's is made after other memory loss illnesses are excluded. The patient, once diagnosed, is placed under the care of a physician experienced in treating such patients. The doctor can prescribe treatment regarding diet, sleep, moods and physical ailments that complicate the disease.

CHANGES IN INTELLECTUAL CAPACITY

To understand a patient with Alzheimer's Disease, the nurses' aide needs to know the changes that occur in the thinking process. There are five major areas of thinking ability: memory, language, spatial orientation, reasoning and attention. Alzheimer's attacks each one of these functions at one time or another. However, in the early stages of the disease, only one or two are affected while others appear to be normal. As the disease progresses, symptoms become worse.

MEMORY

- has difficulty learning new information
- forgets appointments and tasks
- forgets past conversations and begins to repeat his/her self
- becomes disoriented and confused
- has difficulty remembering familiar situations and people

LANGUAGE

- has trouble finding words to express ideas
- substitutes words close in sound and meaning, like bunch instead of bench
- hesitant and slow in speech
- uses same words over and over again even if they have no meaning
- becomes frustrated, angry and cries when communicating is difficult

SPATIAL ORIENTATION

- difficulty assembling objects
- hard to recognize people and objects
- tasks requiring spatial judgment are problems, like putting on clothes incorrectly
- walking may become difficult

REASONING

- unable to reason, plan ahead or use sound judgment
- tasks with many steps are difficult
- acts impulsively

ATTENTION

- begins tasks but is unable to complete them
- asks questions but does not hear answers
- attention wanders
- hard to concentrate on activities

In addition to changes in thinking abilities, the Alzheimer's patient experiences changes in personality and social interactions.

PERSONALITY

- becomes hostile, angry, depressed and withdrawn
- experiences sleeplessness, weight loss, apathy, restlessness and crying
- becomes indifferent and insensitive to other's feelings
- becomes paranoid at the loss of control

SOCIAL

- worries about mistakes and embarrassments
- politeness disappears in his/her behavior
- acts inappropriately in public, doing things that should be done in private

VOCABULARY

1.	spatial	- way something exists in space
2.	depression	- state of sadness or gloom
3.	apathy	- indifference, lack of emotions
4.	paranoid	- mental disorder about difficulty or greatness
5.	complicate	- make difficult
6.	senile	- affected with infirmities of age
7.	dementia	- mental deterioration
8.	neurological	- science of the nerves
9.	psychiatric	- science of the mind
10.	physical	- pertaining to the body

VOCABULARY EXERCISE

Write the vocabulary word that BEST defines each of the following statements.

psychiatric	depression	physical
spatial	apathy	paranoid
dementia	neurological	senile
	complicate	

1. A personality trait where a person lacks feelings about something. _____.
2. A personality trait where one becomes overconcerned about a problem. _____.
3. A science that deals with the study of the mind. _____.
4. An abnormal amount of sadness. _____.
5. An infirmity of old age. _____.
6. The patient started to write with the eraser end of the pencil. _____
7. A blood test is part of a _____ examination.
8. An EEG, CT scan and MRI are _____ tests.
9. _____ is a mental impairment.
10. Physical ailments _____ Alzheimer's Disease.

EXERCISE

List the thinking processes affected by each of the behaviors mentioned in the sentences below.

memory language spatial reasoning attention

1. inability to recognize people _____
2. difficulty expressing ideas _____
3. forgets appointments, tasks _____
4. unable to plan ahead _____
5. begins a task but can't complete it _____
6. hard to concentrate on activities _____
7. hesitant and slow in speech _____
8. forgets past conversations, repeats his/her self _____
9. uses same words over and over again _____
10. finds tasks with many steps too difficult _____
11. becomes disoriented and confused _____
12. puts on clothes incorrectly _____
13. acts impulsively _____
14. asks questions but does not hear answers _____
15. walks with difficulty _____
16. substitutes words close in meaning and sound _____
17. can't use sound judgment _____
18. is frustrated over communication difficulty _____
19. forgets familiar people and objects _____
20. attention wanders _____

CARING FOR ALZHEIMER'S PATIENTS

There is no cure or prevention for Alzheimer's Disease. However, there are treatments and ways to make the patient feel more comfortable.

Medications like tranquilizers and antidepressants help control anxiety and depression but they also have side effects. Physical therapists also recommend physical exercises like walking and dancing to reduce anxiety, tension and restlessness. A well-blanaced diet prevents or relieves digestive problems, dehydration, malnutrition, anemia and vitamin or mineral deficiencies.

The patient's environment should be calm, simple, orderly and predictable. A clock, calendar, bulletin board or slate may help one keep tract or time. Items like eye glasses should be placed in one area or tied around the patients's neck.

Tell patients the events of the day if it helps them to function better within limited abilities. Change can be upsetting so follow a routine. Try to keep regular daily activities scheduled at the same time each day. Keep distractions and confusions at a minimum.

Patients forget when they last bathed or resist help with bathing. In later stages of the disease, there is a stronger aversion to bathing. When bathing, the bathroom should be warm, inviting and well lit in the evening. Give a washcloth or something else to distract the person while performing bathing procedures.

Never argue or debate with a patient because their reasoning abilities are non-functional. Confrontation is also useless. Reassurance, distractions, a soft voice or a gentle touch may get the patient to cooperate. Learn what triggers screaming, cursing, hostility, and try to eliminate the cause or trigger. Remember that these actions are not directed at you so don't take them personally.

Repeated questioning is a sign of anxiety or worry. Explain things simply and try not to give the patient reasons to ask question.

Food treats or other security objects may calm a patient. Offer food at more frequent times or leave out food for snacks. Some patients can't keep still long enough to finish a meal. Prepare finger foods if a knife and fork present a problem. Sometimes patients forget how to chew. They may need assistance with eating.

Schedule toileting every couple of hours. Bowel and bladder training may help for a while with incontinency. Cover wastebaskets that patients can mistake for a toilet. Increase roughage in the diet. Accept the fact that incontinence is part of the disease.

One way to help with insomnia is to keep the patient awake and active for most of the day so they will sleep better at night.

Do your best to help the patient maintain dignity and respect. Listen to patients and encourage them to express their feelings. Reassure the person that Alzheimer's is not a pleasant illness but life can still be enjoyed and people will go on loving them regardless.

After you complete this booklet, your instructor will give you more information on:

- bathing and oral hygiene procedures
- maintaining your composure
- handling a wandering patient
- maintaining a safe environment

COMMUNICATION

Before the patient talks, make eye to eye contact to show the person that you are listening. Look for gestures and clues to what a person is feeling. Emotions sometimes speak louder than words. Show interest in what the person is saying or feeling.

Let the person know when you don't understand and encourage the use of pointing, writing or gesturing. If the person cannot think of a word, you might lessen the frustration if you supply it. If you have an idea of what the person wants to say, ask, "Do you mean _____?" You may need to try a couple of times before actually getting the message. Trying to get a person to repeat or explain may only cause more frustration. If the person becomes upset at the inability to communicate, offer comfort and reassurances.

When communicating with patients, approach them from the front, about the distance of a handshake. Do not startle the person. Identify yourself and call the person by name.

Speak in simple, short, clear sentences in a low tone of voice. Explain your actions one step at a time. If you need to ask questions, do so in a way that requires a yes or no answer. Give the person time to respond. At times, you may need to draw, point, or touch things in order to be understood.

Treat patients as adults, with dignity and respect. It is so easy to talk down to someone with Alzheimer's Disease.

Use non-verbal communication like a smile with those who can no longer understand words. A gentle touch or an arm around the shoulder may get through to someone when all else fails. However, only use these gestures if the patient is comfortable with them.

REALITY ORIENTATION

One of the major factors for improving the mental status of an Alzheimer's patient is the interaction between the staff and patient. Paying attention to a patient needs does a lot to prevent confusion and further deteriorization. Here are a few suggestion.

1. Prevent factors that trigger episodes of anger or confusion.

2. Protect the patient during abnormal behavior.

3. Help the person become better oriented to reality.

Practical ways to orient a person to the realities of daily living are

1. Mark dentures, glasses and hearing aids with the person's name and leave them in a place where they can be easily found.

2. Give the patient opportunities to talk about familiar objects.

3. Give the time of day while caring for the patient. Keep a clock and calendar in view.

4. Tell the person your name and repeat it as often as necessary.

5. Call attention to the colors of paint in corridors to increase familiarity with his/her surroundings.

6. Discuss the activities of the day.

7. Provide moment-to-moment clues. For example, "We are in the gift shop getting a birthday card for your son, Jeff."

COPING TECHNIQUES FOR NURSES' AIDES

1. Understanding the disease is the first step to giving the best care.

2. Although an aide cannot control the disease, the aide can control how it affects the care of patients.

3. A good sense of humor helps to put the patient's behavior in a positive perspective.

4. Realize that caring for Alzheimer's patients is exhausting and frustrating but there are things you can do to make care easier.

5. Nurses' aides need to take care of themselves physically and psychologically to prevent burnout.

6. Balanced meals, plenty of sleep and exercise help the aide stay physically and emotionally fit.

7. Forgive yourself if things don't go just right. Don't waste energy being hard on yourself. Give a soft word or gentle touch to the person to whom you've expressed impatience and carry on.

8. Talk to your charge nurse or Alzheimer's coordinator at GAH if you have any questions about the care of difficult Alzheimer's patients.

9. Have a positive attitude about yourself and your work.

10. Participate in relaxing activities outside of work.

Aides who are knowledgeable about Alzheimer's are in a position to offer assistance and direction to families who have loved ones with the disease. Aides may also refer these people to the Alzheimer's coordinator within the Authority who organizes Alzheimer's support groups. The coordinator also works with families on benefits to which patients may be entitled and legal matters.

After completing the vocabulary exercises that follows, ask your instructor for the small booklet entitled About Alzheimer's Disease and the pages that give additional information about nursing care.

VOCABULARY

Study these vocabulary words carefully.

1.	insomnia	- inability to sleep
2.	predictable	- know ahead of time what will happen
3.	aversion	- avoid because of dislike
4.	distractions	- to trouble the mind
5.	hostility	- unfriendly, dislike
6.	non-verbal	- speaking without words
7.	reality	- a real thing or a fact
8.	episode	- an experience or event in life
9.	orientation	- become familiar with surroundings or circumstances
10.	composure	- acting calmly

VOCABULARY EXERCISE

Fill in the blanks with the vocabulary word that BEST describes the following statements.

composure	aversion	distraction
reality	insomnia	orientation
non-verbal	hostility	

1. Sometimes more can be said with the eyes than with words.
   _____

2. Try not to fill the patient's mind with too many things at once.
   _____

3. The patient slept during the day and was unable to sleep at night.
   _____

4. In late stages of Alzheimer's, a patient hates to bathe.
   _____

5. The aide remained cool after the patient's outburst.
   _____

6. Alzheimer's patients need to be familiar with their environment.
   _____

7. Something based on real facts is a _____.

8. Alzheimer's victims often act unfriendly toward others.
   _____

ALZHEIMER'S DISEASE COMPETENCY TEST

1. List four symptoms of Alzheimer's Disease.
   a. _____
   b. _____
   c. _____
   d. _____

2. Name two areas of the thinking process that is effected by the disease.
   a._____ b. _____

3. Identify one type of test in each of these categories that help in diagnosing Alzheimer's.
   a. physical _____
   b. neurological _____
   c. psychiatric _____

4. What type of nursing care is given to Alzheimer's patients in each of these situations?
   a. insomnia _____
   b. screaming _____
   c. incontinency _____

5. Identify three ways that aides help themselves to care for Alzheimer's patients.
   a. _____
   b. _____
   c. _____

6. List three ways to help AD patients face the realities of daily living.
   a. _____
   b. _____
   c. _____

Write true or false to the following statements.

1. Give many choices when asking an AD patient a question. _____
2. Doctors have a cure for AD. _____
3. An Alzheimer's patient has no way of controlling behavior from the disease. _____
4. Removing the cause of what triggers outbursts helps calm a patient. _____
5. Since most patients don't understand what's going on, talk about them as if they weren't in the room. _____
6. Force dementia patients to do what you ask or they will ignore all your commands. _____
7. The cause of Alzheimer's is well known. _____
8. Old people have the same need for good mental health as young people. _____
9. Forgetfulness is a common symptom of older people. _____
10. It is not helpful to have familiar objects near AD patients because they'll only forget anyway. _____

Circle the letter that provides the BEST answer to each statement.

1. With an Alzheimer's patient
   a. keep the person very active
   b. explain everything in great detail
   c. use a calm, consistent approach
   d. raise your voice when speaking

2. The trait most helpful for care givers to have while caring for older people is
   a. patience
   b. kindness
   c. sense of humor
   d. all of the above

3. While talking to residents who are confused, the aide should
   a. repeat over and over until the resident understands
   b. not ask any questions
   c. finish sentences for them
   d. listen without interruption

4. A confused resident is upset and cannot find the dining room. The aide should
   a. walk the resident to the dining room
   b. give exact directions
   c. ask another resident to help
   d. tell the person not to go to the dining room if confused

APPENDIX E

HOLYOKE GERIATRIC & CONVALESCENT CENTER

ATTENDANCE RECORD

PLACE Devaney Auditorium Holyoke DATE 1992 TIME

HOURS OF ATTENDANCE

SUBJECT COVERED: Effective Communication - Workplace Educational Booklet

MEDIA: (FILM, SPEAKER, ETC.)

INSTRUCTOR OR SPEAKER'S NAME Dotty Seidel RN / Inservice Dept
Joseph Langone (Instructor W.C.

NAME OF PERSON ATTENDING	JOB CLASSIFICATION TITLE
Virginia A. St. Pierre	H.W.
Lauren Tyson	CNA
[illegible]	CNA
Elizabeth Almodovar	CNA
Shawn Parkes	MW
Jeannette Bassette	MW
Victoria Vega	CNA
[illegible]	MW
[illegible]	CNA
Margaret Colarusso	CNA
[illegible]	MW
[illegible]	CNA
Sophia Sadecki	CNA
[illegible]	CNA
[illegible]	CNA
Jacqueline O'Malley	CNA

HOLYOKE GERIATRIC & CONVALESCENT CENTER

ATTENDANCE RECORD

PLACE Housing Authority of Holyoke DATE Sept. 30, 1993 TIME 1 PM 3rd 2 PM 3rd

HOURS OF ATTENDANCE _____

SUBJECT COVERED: Infection Control & Isolation Precautions

MEDIA: Workplace → Educational Booklet (FILM, SPEAKER, ETC.) _____

INSTRUCTOR OR SPEAKER'S NAME Dottie Seidel R.N. / Inservice Dept.
Joseph Longone (Instructor) w/ Eleanor Rauch RN / Supervisor-Infection Control Nurse

NAME OF PERSON ATTENDING	JOB CLASSIFICATION TITLE
~~Samuel Cortes~~	
B Beatty	V P
Maria Vega	CNA
[illegible]	
Selenia Pagan	CNA
[illegible]	CNA
Jose Cuadrado	CNA
Maria Melendez	CNA
Nancy Anderson	CNA
Patricia Vega	CNA
Deborah Perkins	CNA
Wanda Rivera	CNA
Judy Stack	CNA
Margaret Fournier	CNA
Tricia Beaucon	CNA H.D.
Benetta C Jackson	CNA H.D.

HOLYOKE GERIATRIC & CONVALESCENT CENTER

ATTENDANCE RECORD

PLACE Dempsey Auditorium of Holyoke DATE 1992 TIME

HOURS OF ATTENDANCE

SUBJECT COVERED: Death + Dying Work Place Educational PKT

MEDIA: (FILM, SPEAKER, ETC.)

INSTRUCTOR OR SPEAKER'S NAME Dottie Seidel RN / Instructed by Joseph Longoni (Instructor) W.E.

NAME OF PERSON ATTENDING	JOB CLASSIFICATION TITLE
Mary Curtis	Mid. Worker CNA
Carol LaBoursolier	CNA
Gamble	CNA
Margaret Knightly	CNA
Mason Gibson	med. worker
Inez Russo	CNA
Connie Peggy	CNA.
Virginia M. St. Pierre	M.W.
Karen Tyson	CNA
JOANNE DOE	CNA
A. Bridgeforth	medu worker
L. Vazquez	CNA
Deborah Perkins	
Elizabeth Almodovar	CNA
Jeannette Bessette	CNA
Victoria Vega	C.N.A.

HOLYOKE GERIATRIC & CONVALESCENT CENTER

ATTENDANCE RECORD

PLACE Housing Authority of Holyoke DATE 1992 TIME

HOURS OF ATTENDANCE

SUBJECT COVERED: Nutrition - Work Place Educational PKT.

MEDIA: (FILM, SPEAKER, ETC.)

INSTRUCTOR OR SPEAKER'S NAME Dottie Seidel R.N / Insurance Dept
Joseph Langoni (Instructor) W.C.

NAME OF PERSON ATTENDING	JOB CLASSIFICATION TITLE
Mary Pettis	Med Worker CNA
Carol LaBourdier	CNA
Margaret Knightly	CNA
Sonia Russo	CNA
Virginia J StPierre	
[illegible]	CNA
A Bridgeforth	Mid worker
L. Tyson	CNA
[illegible]	CNA
Deborah Perkins	CNA
Jeannette Bessette	CNA
Victoria Vega	C.N.A.
Tamara Tyson	CNA
Kathy Massaro	CNA
Maria Vega	
Rose Abreu	CNA

HOLYOKE GERIATRIC & CONVALESCENT CENTER

ATTENDANCE RECORD

PLACE Geriatric Authority of Holyoke DATE 1992 TIME _____

HOURS OF ATTENDANCE _____

SUBJECT COVERED: Stress Management Work Place Educational Booklet

MEDIA: _____ (FILM, SPEAKER, ETC.) _____

INSTRUCTOR OR SPEAKER'S NAME Debbie Seidel RN / Inservice Dept. Joseph Langone (Instructor WG)

NAME OF PERSON ATTENDING	JOB CLASSIFICATION TITLE
Ada L. HILYARD	CNA.
Sebastiana Pagan	Medical Worker
Carolyn Wells	CNA
Marion Gibson	C.N.A
Donnette Symmies	CNA
Jasmine Damon	CNA
Idsara Vazquez	C.N.A
Tamara Yon	CNA
Kathy Masatis	CNA
Rose Cedeno	CNA

NURSE'S AIDE WORKPLACE CURRICULUM

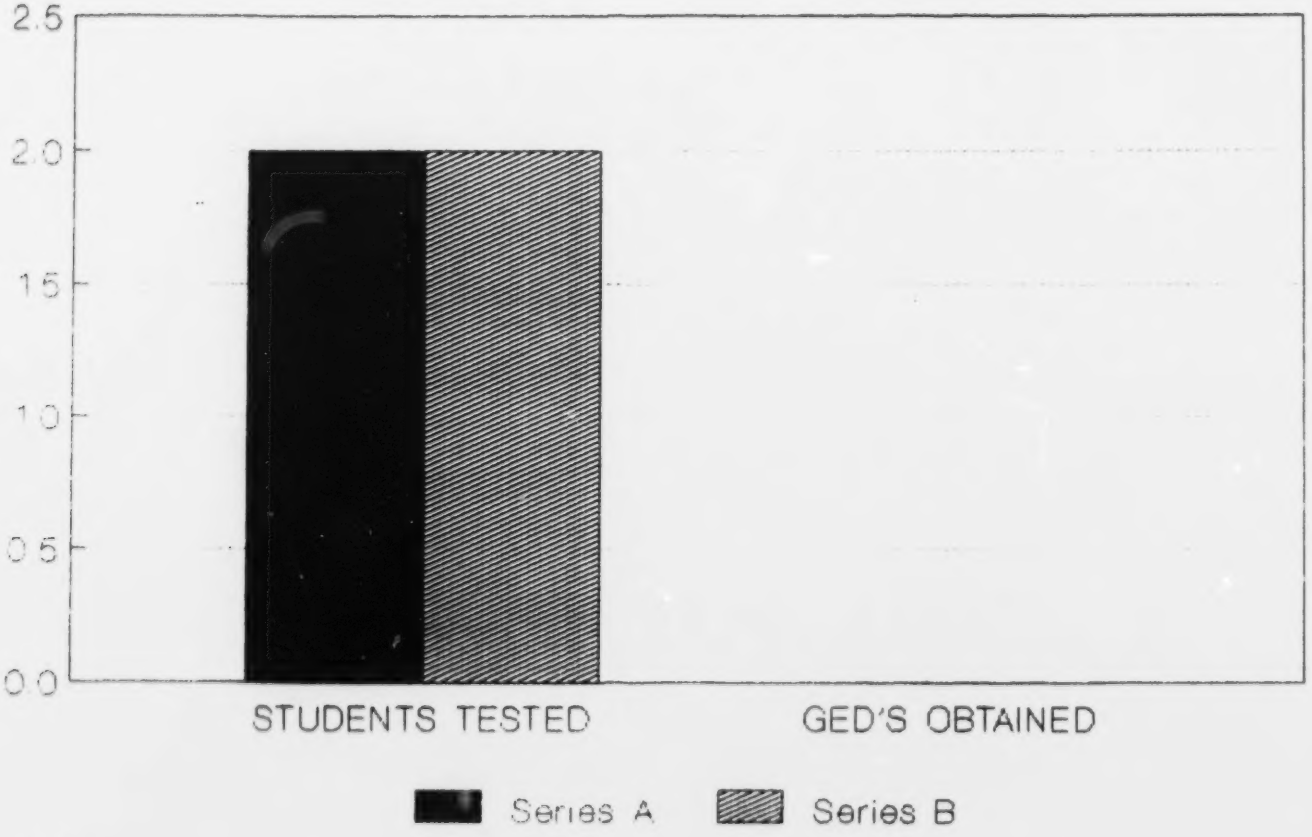
NAME_____

TITLE	BOOKLET	MATERIALS
Role of the Nurse's Aide		
Effective Communication Skills		
Patient's Bill of Rights Ethical and Legal Issues		
Infection Control and Isolation Procedures		
Safety Precautions		
Basic Human Needs		
Nutrition		
Bedmaking and Measuring Height and Weight		
Transporting Residents		
Vital Signs		

TITLE	BOOKLET	MATERIALS
Oral Hygiene		
Nailcare, Shaving		
Bathing, Dressing, Haircare		
Fluid Intake and Output AM and PM Care		
Elimination, Medical Terminology, Abbreviations and Vocabulary		
Alzheimer's Disease		
Death and Dying		
Stress Management		
Employment Professionalism Daily Resident Care Flow Sheet		

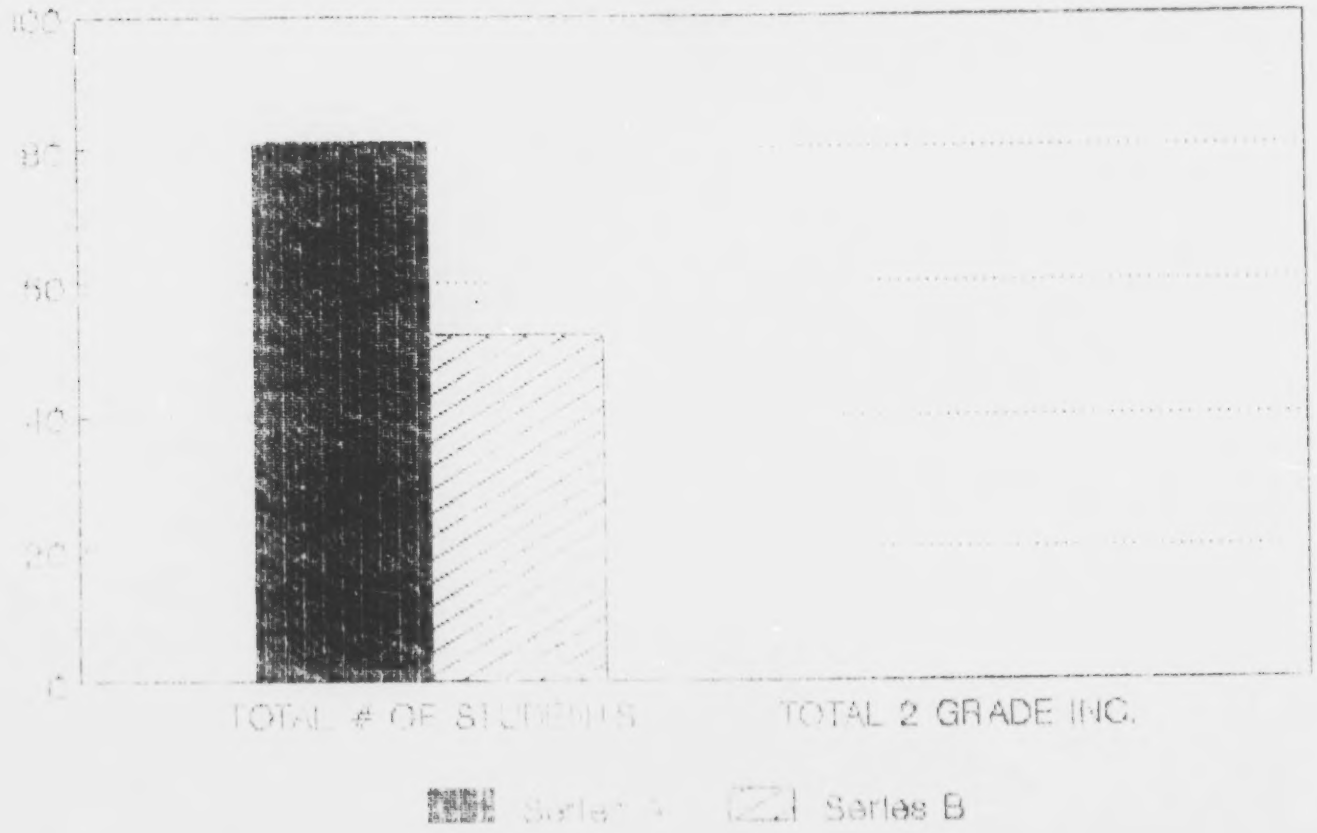
APPENDIX F

GED STATISTICS
GERIATRIC AUTHORITY OF HOLYOKE



1991 - 1992

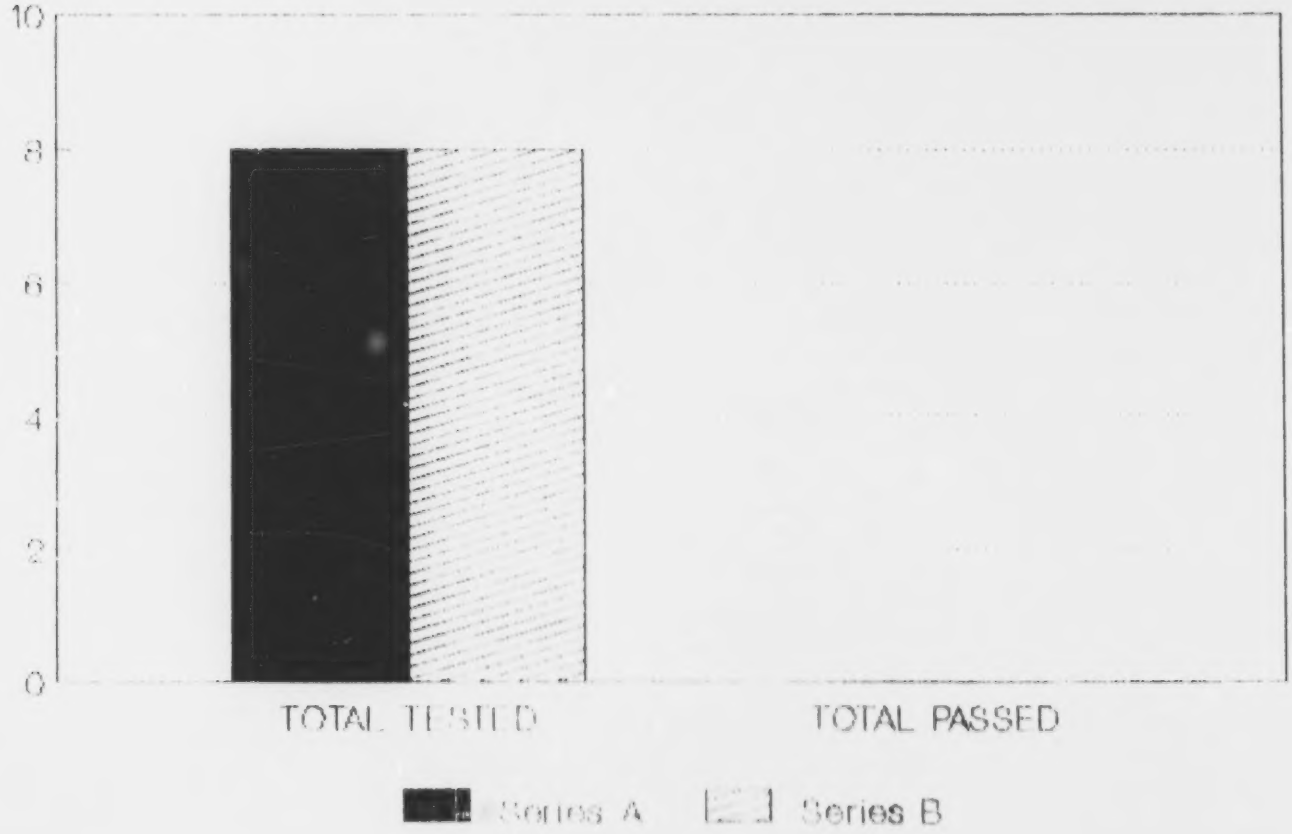
2 GRADE INCREASES
GERIATRIC AUTHORITY OF HOLYOKE



1983 - 1984

103

LICENSING EXAM
GERIATRIC AUTHORITY OF HOLYOKE



1991 1992

APPENDIX G

Workplace Education Program

Awards this

Certificate of Recognition

to

_____

For

Achievement in Workplace Education Classes

This_____day of_____, 19___

GAH

In Partnership With

Funded by the U.S. Department of Education

MCDI

GUEST LIST - GAH/MCDI RECOGNITION CEREMONY

William Arcand
Western Massachusetts Regional Coordinator
SABES
HCC
303 Homestead Avenue
Holyoke, MA 01040

Doris Ransford, President
Hiram Quinones, Coordinator
Holyoke Chamber of Commerce
177 High Street
Holyoke, MA 01040

Sr. Ann Marie Reney
Sisters of Providence Mother House
Providence Terrace
Holyoke, MA 01040

Anthony M. Mole', Director
Norman Halls, Project Director
Giuseppe Polimeni, Supervisor
Barry Metayer
Doreen Fadus
Massachusetts Career Development Institute
140 Wilbraham Avenue
Springfield, MA 01109

Patrick Larkin
103 Spadina Parkway
Pittsfield, MA 01201

Mayor William A. Hamilton
Mayor's Office Rm. 1
City Hall
Holyoke, MA 01040

Frank Gulluni
Sr. Lorraine Villemaire
Joseph Langone
Carol Ann Novogroski
Pat Camerota

PRESS RELEASE ---------- DATE OF EVENT MAY 21, 1992

THE MASSACHUSETTS CAREER DEVELOPMENT INSTITUTE
357 DWIGHT STREET
HOLYOKE, MA 01040

CONTACT: MS. PAT CAMEROTA - 532-2683

GAH EMPLOYEES HONORED

On May 21st at 2:00 an Open House and recognition ceremony will be held at the Geriatric Authority of Holyoke. Twelve employees will be honored for the completion of a Workplace Education project conducted by the Massachusetts Career Development Institute.

More than 80 employees of GAH have participated in the workplace education program that has been funded by a grant from the U.S. Department of Education. The purpose of the program is to improve the academic abilities and self esteem of the participants thereby enhancing their opportunities for upward career mobility, promotional opportunities, and earning power.

FOR IMMEDIATE RELEASE

MASSACHUSETTS CAREER DEVELOPMENT INSTITUTE
357 DWIGHT STREET
HOLYOKE, MA 01040

CONTACT: MS. PAT CAMEROTA

GERIATRIC AUTHORITY EMPLOYEES GRADUATE

12 employees of the Geriatric Authority of Holyoke were honored for their successful completion of their Workplace Education Program. The ceremony and open house was held at the Geriatric Authority where more that 80 employees have completed in-house education conducted by The Massachusetts Career Development Institute.

The Massachusetts Career Development Institute and Geriatric Authority were awarded a federal grant by the U.S. Department of Education for a Workplace Literacy Program of GAH employees. The purpose of the program is to improve academic abilities among employees, to enhance the self-esteem of participants and to facilitate their upward career mobility, promotional opportunity and earning power. MCDI program coordinator, Ms. Pat Camerota, stated "This program is targeted to the health care industry which is one of the nation's fastest growing industries. The industry is faced with many pressures and upgrading of employees and support personnel is a key issue. The quality of care depends heavily on the ability of support, and entry level staff -- nursing aides, dietary aides, housekeeping, maintenance workers, and others -- to perform their jobs well. These people must be able to communicate clearly with patients and the medical staff."

The GAH workplace education program is one of several programs that MCDI is conducting in the greater Springfield area. Frank Gulluni, Regional Administrator for Employment and Training, and founder of MCDI, stated that "Awareness of these issues is growing within the health care industry, and many hospitals, nursing homes, and allied groups have already begun to offer employees basic skills services through workplace literacy programs such as the GAH/MCDI program. MCDI has recently expanded its courses to include three allied health programs and we will be doing more workplace education programs in the coming year."

Geriatric Authority Of Holyoke Members Fight Back Against Givebacks

Local 1459 And GA[redacted] Second Educationa[redacted]

A second grant was awarded by the Department of Education to fund the Workplace Literacy Project at the Geriatric Authority of Holyoke. This project is a cooperative effort administered by the Massachusetts Career Development Institute, the Geriatric Authority of Holyoke, and Local 1459. The curriculum has evolved and expanded to meet the varying needs of Local 1459 members employed by the GAH.

The project has assisted members in earning their GEDs, increased their job skills, and fostered much pride as well as increased knowledge. Thus far, 100 GAH union members have been served by the project.

GAH Union Representative [redacted] Brown was once again appointed to the MCDI Advisory Board.

CERTIFICATES AWARDED

Congratulations to Local 1459 members at the Geriatric Authority of Holyoke who were honored by the award of certificates for participating in the Workplace Education Program.

Rose Absous	Janet Gottsman	Jacqueline Saez
Sheila Beauchemin	Jeannette Holmes	Severo Santana
Maryann Beyette	Scott Milkiewicz	Carmen Santiago
Joanne Dore	Jacqueline O'Malley	John Smith
Veronica Gadoua	Sharon Parkes	Lissie Vasquez
Marion Gibson	Deborah Perkins	Maria Vega
Marie Gorecki	Matilda Reyes	Virginia Young-St. Pierre

ADULT DAY HEALTH CENTER ANNUAL SPAGHETTI SUPPER: THE SECOND ANNUAL SPAGHETTI SUPPER FEATURING A DESSERT BUFFET WILL BE HELD IN THE B-BUILDING ACTIVITY ROOM ON FRIDAY, JUNE 5, 1992 FROM 5:00 PM TO 7:00 PM. THERE WILL BE DOOR PRIZES AND AN AUCTION. PROCEEDS WILL BENEFIT THE ADULT DAY HEALTH CENTER ACTIVITY PROGRAM. DONATIONS ARE $5.00 PER ADULT AND $2.50 PER CHILD UNDER 12. THANK YOU IN ADVANCE FOR YOUR CONTINUED SUPPORT.

WORKPLACE EDUCATION RECEPTION: ON MAY 21, 1992, A VERY NICE RECEPTION WAS HELD TO HONOR THE EMPLOYEES LISTED BELOW FOR THEIR PARTICIPATION IN THE WORKPLACE EDUCATION PROGRAM. SPEAKERS INCLUDED FRANK GULLUNI OF MCDI, ED BRUNELLE, AND MAYOR HAMILTON. EACH AND EVERY PARTICIPANT DESERVES OUR SUPPORT, PRAISE AND CONGRATULATIONS.

ROSE ABSOUS
SHEILA BEAUCHEMIN
MARION GIBSON
MARIE GORCKI
JANET GOTTSMAN
SCOTT MILKIEWICZ
JACQUELINE O'MALLEY
SHARON PARKES
MOISES RODRIGUEZ
SEVERO SANTANA
MATILDA REYES
BRENDA REYES
CARMEN SANTIAGO
JOHN SMITH
LISSIE VASQUEZ
VIRGINIA YOUNG-ST.PIERRE
SHERRI GIBLO
JOANNE DORE
DEBORAH PERKINS
MARYANN BEYETTE
LAURA DEROSIER
VERONICA GADOUA
JEANNETTE HOLMES
JACQUELINE SAEZ
MARIA VEGA

MASSACHUSETTS CAREER DEVELOPMENT
INSTITUTE (MCDI)
GERIATRIC AUTHORITY OF HOLYOKE
UNITED FOOD & COMMERCIAL WORKER'S UNION
LOCAL 1459
CORDIALLY INVITES YOU AND YOUR FAMILY
TO ATTEND A RECEPTION
IN YOUR HONOR ON
THURSDAY, MAY 21, 1992
2:00 PM
RESIDENT DINING ROOM
GERIATRIC AUTHORITY OF HOLYOKE
45 LOWER WESTFIELD ROAD
HOLYOKE, MA 01040

THE PURPOSE OF THIS GATHERING IS TO
RECOGNIZE THOSE EMPLOYEES WHO HAVE
PARTICIPATED FAITHFULLY AND GAINED
SO MUCH FROM OUR
WORKPLACE EDUCATION PROGRAM.

PLEASE JOIN US.

APPENDIX H

MASSACHUSETTS CAREER DEVELOPMENT INSTITUTE

GERIATRIC AUTHORITY OF HOLYOKE, MASSACHUSETTS

NATIONAL WORKPLACE EDUCATION PROGRAM
UNITED STATES DEPARTMENT OF EDUCATION

AGENDA APRIL 7, 1992

- Review of curriculum
- Open house and recognition ceremony
- Dorothy Seidel's workshops
- General progress of participants
- Mary Beth Phair's comments and agenda
- Staff development

MASSACHUSETTS CAREER DEVELOPMENT INSTITUTE

GERIATRIC AUTHORITY OF HOLYOKE, MASSACHUSETTS

NATIONAL WORKPLACE EDUCATION PROGRAM
UNITED STATES DEPARTMENT OF EDUCATION

MINUTES
April 7, 1992

1. **Review of curriculum** - Sr. Lorry and Dorothy both reviewed what is used and they are pleased with its usefulness to the employees. Joe Langone will have the list of completers for certain laps of curriculum.

2. **Open house and recognition ceremony** - A date was determined for the ceremony-- hursday, May 21st, at 2:00 P.M. Joe informed us of G.E.D. recognitions for the ceremony and will give us the names of participants to be recognized. We will hold the ceremony in the main dining hall. Mary Beth will arrange this. M.C.D.I. will do a sheet-cake and G.A.H. will do coffee and punch. Mary Beth will invite Administration from G.A.H. and any staff who is involved as well as Union officials. Pat will invite Administration of M.C.D.I. and will work with Mr. Gulluni on a list of dignitaries, etc. We will have a press release for the Holyoke Transcript as well as The Union News, and perhaps Television coverage. Sr. Lorry has volunteered her beautiful voice for a song to honor those people we are recognizing. We are looking forward to lots of fun and excitement.

3. **Dorothy Seidel's workshops** - Dorothy has expressed her enthusiasm for workshops and curriculum provided for them. Participants are going to classes as well to enhance what they are learning. The instructor is documenting this and tracking progress.

4. **General progress of participants** - Joe Langone and Mary Beth Phair are pleased, in general, with progress and enthusiasm.

5. **Mary Beth Phair's comments and agenda** - We would like to do something with a workshop on stress management. We will be contacting two people, in particular, Sr. Shirley Campbell and Ginny Maitland. Sr. Lorry will report on this as soon as possible. Other names suggested were Carol Gossman and Karen Mark.

6. **Staff development** - We spent a segment of time on new material and teaching methodology.

The meeting for May will be on May 5th. We then adjourned.

BEST COPY AVAILABLE

MASSACHUSETTS CAREER DEVELOPMENT INSTITUTE

GERIATRIC AUTHORITY OF HOLYOKE, MASSACHUSETTS

NATIONAL WORKPLACE EDUCATION PROGRAM
UNITED STATES DEPARTMENT OF EDUCATION

ADVISORY BOARD MEETING - DATE May 5, 1992

NAME:	AGENCY:
Teresa Pomerleau	MCDI
Manon Gelbsa	Medical Worker GAH
Dottie Seidel	RN GAH
Irma Bronnes	Director of Nursing GAH
Sheila Martinelli	Alz. Center GAH
Larry Villemaire	MCDI
Carol Ann Konopacki	M.C.D.I.
Joseph G. Lanyon	MCDI
Edmund C Brunelle	Executive Director GAH
Norman Haller	MCDI

MASSACHUSETTS CAREER DEVELOPMENT INSTITUTE

GERIATRIC AUTHORITY OF HOLYOKE, MASSACHUSETTS

NATIONAL WORKPLACE EDUCATION PROGRAM
UNITED STATES DEPARTMENT OF EDUCATION

GAH MONTHLY ORGANIZATIONAL MEETING

May 5, 1992

* Curriculum Development - Sr. Lorry and the group discussed the curriculum to date and suggestions on future needs and goals were talked about. Dottie and Joe applauded the usefulness of the curriculum. We will make plans to share this with other folks with Workplace Education needs who service Health Care facilities.

* Discussion of Ceremony and Certificates - We have a sample of GAH invitation and our invitation. Guest lists have been completed - event is May 21st - 2:00 p.m. - dining room. MCDI will supply the cake. GAH will do the punch and coffee.

* We talked about the new enrollees in the program. Dorothy's program is certainly of interest. She is using our curriculum and Joe is tracking progress. We should make a note to be placed inside each booklet for the benefit of those wishing further classroom instruction. Pat will do this.

* Edward Brunelle, Executive Director of GAH, joined our meeting and spoke about two things. Which were very productive suggestions for the future. Sr. Lorry will be working with Ed and Pat on a flow sheet as soon as it is completed for use by the medical staff. He said that the mistakes were so numerous in filling out the reports that a substantial amount of money was being lost. We will plan some classes around this. Also, he asked about family members of employees being allowed to attend literacy classes. While this is not a part of our grant guidelines, it may be something to discuss for the future.

* Meeting adjourned at 3:45 p.m.

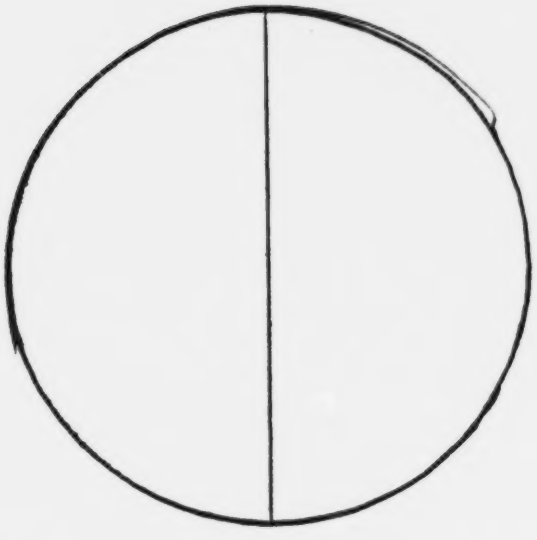
APPENDIX I

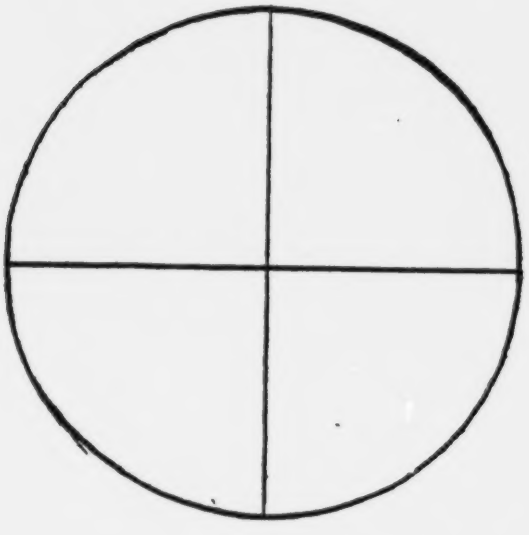
SAMPLE OF STAFF DEVELOPMENT MATERIALS

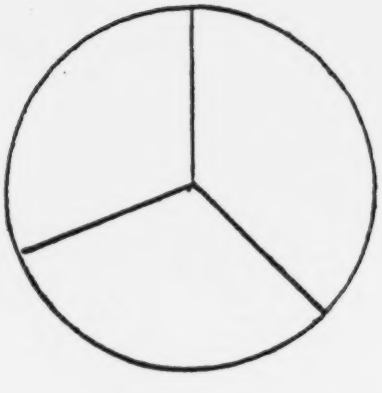
FRACTIONS

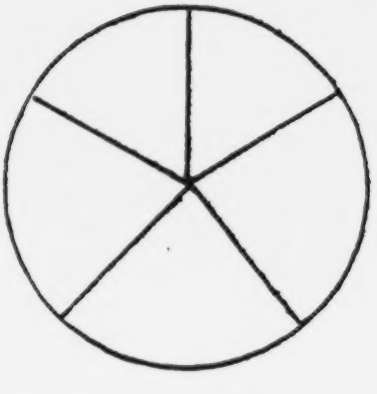
Name: _____

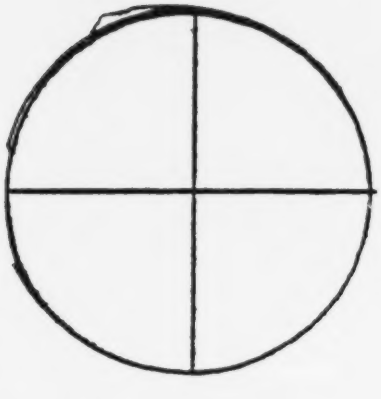
Date: _____

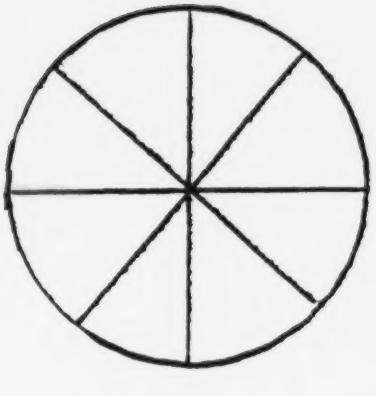












Shade the squares. Then use > , = , or < to make each statement true.

> means "is greater than"

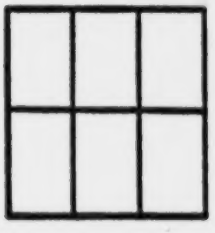
= means "is equal to"

< means "is less than"

Shade $\frac{2}{3}$.

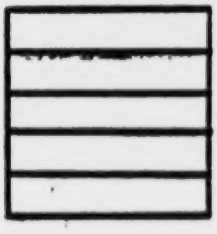
$\frac{2}{3}$

Shade $\frac{4}{6}$.



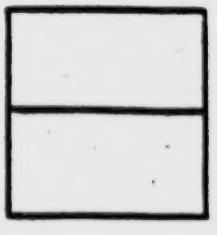
$\frac{4}{6}$

Shade $\frac{1}{5}$.



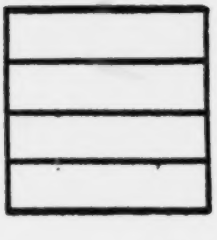
$\frac{1}{5}$

Shade $\frac{1}{2}$.



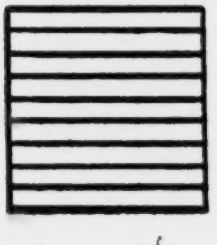
$\frac{1}{2}$

Shade $\frac{3}{4}$.



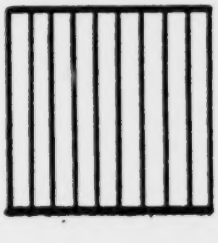
$\frac{3}{4}$

Shade $\frac{3}{9}$.



$\frac{3}{9}$

Shade $\frac{6}{9}$.

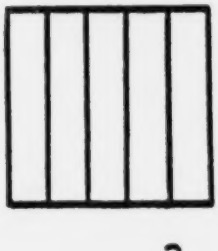


$\frac{6}{9}$

Shade $\frac{2}{3}$.

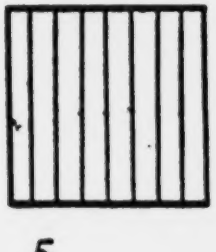
$\frac{2}{3}$

Shade $\frac{2}{5}$.



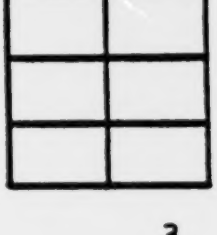
$\frac{2}{5}$

Shade $\frac{5}{8}$.



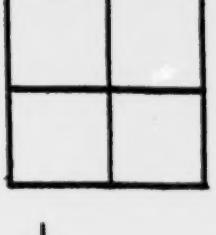
$\frac{5}{8}$

Shade $\frac{3}{6}$.



$\frac{3}{6}$

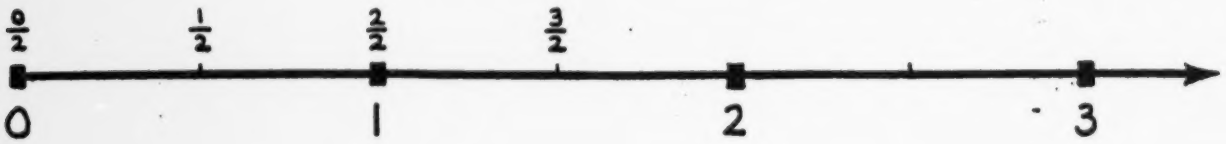
Shade $\frac{1}{4}$.



$\frac{1}{4}$

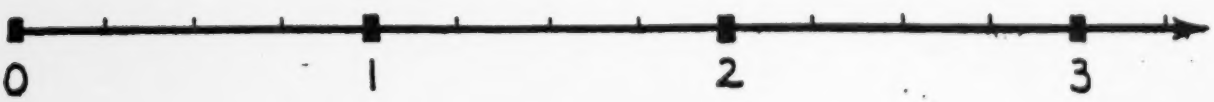
Fractions and Number Lines

This rectangle is divided into 2 equal parts.
Each unit on the number line is divided into 2 equal parts.
The rectangle and the number line show halves.
Finish labeling the number line.



This rectangle is divided into ___ equal parts.
Each unit on the number line is divided into ___ equal parts.
The rectangle and the number line show _____.
Finish labeling the number line.

This rectangle is divided into ___ equal parts.
Each unit on the number line is divided into ___ equal parts.
The rectangle and the number line show _____.
Finish labeling the number line.



Each unit on the number line is divided into ___ equal parts. It shows _____.
Label the number line.

Write fractions for each of the parts described below.

1. A foot contains 12 inches. 5 inches is what fraction of a foot?

2. $.47 is what fraction of a dollar?

3. A pound contains 16 ounces. 9 ounces is what fraction of a pound?

4. A yard contains 36 inches. 23 inches is what fractional part of a yard?

5. 7 months is what fraction of a year?

6. $.08 is what fraction of a quarter?

7. Mary wants a coat that costs $60. She has saved $43. What fraction of the amount that she needs has she saved?

8. There are 2,000 pounds in a ton. 1,351 pounds is what fraction of a ton?

9. During a 5-day work week, Pete was sick for 2 days. What fraction of the work week was he sick?

10. There are 100 centimeters in a meter. 63 centimeters is what fraction of a meter?

11. There are 4 quarts in a gallon. 3 quarts is what fraction of a gallon?

12. David makes $150 a week. He has spent $113. What fraction of the week's pay has he spent?

13. Rosa has typed 77 pages of a report that contains 280 pages. What fraction of the report has she typed?

The cost of birdseed is $3.79 for a 10 1/2 lb. bag. You need 5 1/4 ounces a day for the 2 1/4 cold months of winter (30 days = one month).

How many ounces in the bag?

How much is an ounce of seed?

How much do you spend each day?

How many ounces will you need altogether?

How many bags?

How much will you spend?

How many ounces are in 3/5 of a bag?

PERIMETER - MEASURING THE DISTANCE AROUND A RECTANGLE

How much fencing is required to enclose a garden that is 18 feet wide and 23 feet long?

If wire fence costs $1.29 per foot, how much will the fencing for the garden cost?

You want to put weather stripping around the large windows of your house. Each window is 3 feet wide and 5 feet high. If there are 11 of these windows in your house, how many feet of weather stripping must you buy?

If the weather stripping costs $.12 per foot, how much will it cost to buy weather stripping for the windows?

You want to fence in part of your back yard for your young children. You have 80 feet of fencing to use. If the space you enclose is 17 feet wide, how long can it be?

Find how many inches of molding are required to make a frame for a picture that is 24 inches wide and 37 inches long.

Your rectangular garden needs 82 feet of fencing to completely enclose it. If the garden is 27 feet long, how wide is it?

Find the perimeter and area of each of the objects in this room.

Solve the following problems.

A shopper purchased two packages of prewrapped chicken weighing 2 pounds 7 ounces and 5 pounds and 13 ounces, respectively. What was the combined weight of the two packages?

The volume, in cubic meters, of a box that is 3 m by 7.5 m by 2 m is?

What is the least number of carpet tiles 2 ft. by 2 ft. that will be required to carpet a room that is 18 ft. by 12 ft.?

Four people plan a 6-day backpack trip. If the food ration carried by each person is to be 24 ounces per day, what should be the total number of pounds carried by the group?

How many 5-foot segments of framing will be needed to make 3 picture frames each of which is 12" high and 18" wide?

One statute mile is equal to 5,280 feet. If one nautical mile is approximately 1.15 statute miles, then one nautical mile is equal to approximately how many feet?

In a consumer test, five cars of the same make and model were each driven 200 miles. If the cars used 10.4, 10.2, 10.0, 9.9, and 9.8 gallons of gas, respectively, they averaged approximately how many miles per gallon?

Convert the units indicated.

516 inches	=	yards
10 hours	=	minutes
208 ounces	=	pounds
17, 650 yards	=	miles

Solve the following.

5 wk. 4 da.	3 T. 800 lb.	9 wk.
6 wk. 6 da.	-2 T. 1560 lb.	-4 wk. 2 da.
+4 wk. 5 da.		

A bowl of punch is made with 4 bottles of soda with 8 1/2 oz. in each bottle. Then 24 oz. of fruit juice are added. The soda costs $.60 a bottle and the juice costs $.98.

How many oz. of punch are there altogether?

If you sell 6 oz. cups for $2 each, how many cups can you sell before running out of punch?

How much money will you collect?

Workplace Educational Development

MID-PROGRAM TEST

Massachusetts Career Development Institute

Geriatric Authority of Holyoke

United Food and Commericial Workers Union Local 1459

1. What two practices help keep nurse's aides in good health?

   a. _____ b. _____

2. List two points from the Nurse's Aide Code of Ethics.

   a. _____ b. _____

3. In what two ways can you protect resident's rights?

   a. _____ b. _____

4. List two ways to be a good listener.

   a. _____ b. _____

5. What times are good to communicate with residents?

   a. _____ b. _____

6. When is the use of an electric razor forbidden?

   _____

7. Name the four food groups.

   a. _____ b. _____

   c. _____ d. _____

8. List three of the five stages of death identified by Kubler-Ross.

   a. _____ b. _____

   c. _____

9. What two purposes do dentures serve to help the resident?

   a. _____ b. _____

10. Name two abnormal features of a urine specimen.

    a. _____ b. _____

11. List three major causes of fire.

    a. _____ b. _____

    c. _____

12. Write three safety precautions against falls or accidents.

a. _____ b. _____

13. How does the AIDS virus effect the immune system?

_____

14. Under the metric system, one ounce of fluid is equal to _____cc.

15. Name two universal precautions for isolation control.

a. _____ b. _____

Circle the letter that is the BEST answer to the statement.

1. An aide who knows a resident has cancer should
   a. tell the family when they visit
   b. keep the information confidencial
   c. notify the pastoral minister
   d. tell friends

2. To practice good hygiene is to be
   a. loyal
   c. competent
   c. clean
   d. observant

3. You see a co-worker steal supplies and fail to report it. You are guilty of
   a. malpractice
   b. gossip
   b. disloyalty
   d. aiding a crime

4. Care given to a person is determined by
   a. race
   b. need
   c. color
   d. creed

5. Aides should wash hands
   a. before and after each contact with resident
   b. beginning and ending of shift
   c. once before the shift begins
   d. before and after serving meals

6. When giving a bed bath, work from
   a. head to toe
   b. middle to head
   c. toe to head
   d. middle to feet

7. A barrier to communication is
   a. eye to eye contact
   b. no eye contact
   c. calling resident by name
   d. speaking slowly

8. The best way to end a conversation is
   a. say you aren't interested in the topic
   b. say you enjoy talking but must complete your work
   c. walk out of the room
   d. ask another aide to finish the conversation

9. Ingrown toenails are cause by
   a. trimming the nail straight across
   b. not trimming nails straight across
   c. not cleaning between the toes
   d. corns and callouses

10. A podiatrist is one who
   a. helps the charge nurse
   b. assists the doctor in foot surgery
   c. cares for diabetic residents
   d. removes corns or callouses

11. The Heimlich Maneuver should be used if a resident is
   a. confused
   c. vomiting
   c. choking
   d. diabetic

12. A tube that goes through the nose and into the stomach is
   a. nasogastric
   b. intravenous infusion
   c. gastrostomy
   d. hyperalimentation

13. The best way for an aide to assist a dying person is to
   a. face her own attitude and issues on death
   b. get an R.N. degree
   c. attend many wakes and funerals
   d. get help from the supervisor

14. Inspect gums regularly for
   a. food particles
   b. foul mouth odor
   c. bleeding, irritation
   d. unused toothpaste

15. A thermometer is held by the
   a. bulb
   b. mercury
   c. stem
   d, Fahrenheit

16. What is recorded for Intake and Output?
   a. IV liquid
   b. vomit
   c. jello
   d. all of the above

17. The average fluid intake per day is
   a. 500 cc
   b. 2500 cc
   c. 100 cc
   d. three quarts

18. The first person to take out of a building that is on fire is
   a. ambulatory resident
   b. the bedbound
   c. the blind or deaf
   d. wheelchair residents

19. To move a resident with an IV
    a. avoid stress on the tube
    b. twist the tube
    c. remove tube until moving procedure is over
    d. none of the above

20. AIDS is mainly transmitted through
    a. infected blood products b. needles of IV drug users
    c. sexual contact d. all of the above

Write true of false to the folloing statements.

1. A tactful person is one who knows what to do or say.____

2. The therapist in a health care setting handles Medicaid business. _____

3. Personal information about residents may be discussed with other residents. _____

4. Slapping a resident is a sign of psychological abuse. _____

5. An aide is permitted to leave a resident in the tub to answer a call. _____

6. Adjust bath water temperature after the resident is in the tub or shower. _____

7. An effective way to communicate is to change the subject often._____

8. The best way to communicate with a resident's family is to be warm and friendly when they visit. _____

9. Trim toenails in an oval shape. _____

10. Alert residents should eat with confused residents to keep an eye on them._____

11. Women's facial hair is removed with a safety razor. ____

12. Personal attitudes about death influence one's ability to care for dying persons. _____

13. The last of the five senses to leave the dying person is touch._____

14. Food collected under dentures causes mouth odors and gum disease. _____

15. If a resident's temperature is 104 , the aide should shake the mercury down._____-

16. A vital sign is an emergency. _____

17. Recording intake and output is unimportant when a resident is asleep. _____

18. The abbreviation for at once is STAT._____

19. A posture support vest helps keep treatment materials in place. _____

20. The three elements necessary to make a fire are oxygen, fuel and flames. _____

21. A gait belt is a substitute for a prosthesis._____

22. Change a resident's position often to prevent a decubitis ulcer._____

23. Blood spills on the floor may be wiped at the aide's convenience. _____

24. When rinsing your hands during handwashing, hold the fingertips upward. _____

25. Wear gloves when in contact with blood fluids, dressings and contaminated surfaces._____

Labeling Information

To use numbers to solve a problem, you must know what the numbers stand for. That is why it is important to include labels with your answers. Fill in the blanks of this problem with labels that give the numbers meaning.

A weed grows at the rate of 3 _____ per week. How many weeks will it take for the weed to grow 15 _____?

You probably filled in the blanks with the word **inches** (or feet if you have monstrous weeds in your part of the country!). The problem makes a lot more sense with the labels put in.

▶ Fill in the blanks in these problems with sensible labels.

1. Sandra had 400 _____. She spent 80 _____. How much did she have left?

2. A nurse worked 36 _____ one week, 20 _____ the next, and 32 _____ the week after that. How long was his average weekly work schedule?

3. Sam ate 2 bananas. If each banana weighed 9 _____, how many _____ of bananas did Sam eat?

4. There are four trucks at a truck stop. One truck driver bought 20 _____ of gas, another 32 _____, the third 19 _____, and the fourth 41 _____. How much gas did they buy?

When you solve a problem, write down the numbers with their labels. Be sure you know what label should go with your answer.

> A clerk at Desmond's Department Store earns $5 per hour. If one of the clerks worked 39 hours one week, how much did she earn?

INFORMATION: **$5** per hour
39 hours

ANSWER LABEL: $

SOLUTION: $5 × 39 hours = **$195**

Even if you had multiplied correctly, 195 *hours* would be the wrong answer. Be sure to always reread the question and write the correct label on the answer.

▶ In the following problems, pick out the numbers you need in order to find the solution. Write the numbers and their labels under the heading "Information." Then solve the problem and circle the label in the answer.

5. Of 183 students who enrolled in a night school program one year, only 98 successfully completed their classes. How many were *not* successful?

INFORMATION: _____ SOLUTION: _____

6. A book has 410 pages. Each page cost 38 cents to print. How much did it cost to print the book?

INFORMATION: _____ SOLUTION: _____

7. If a train covered 720 miles in 12 hours, how fast was it going?

INFORMATION: _____ SOLUTION: _____

8. Iris sold 31 pounds of tomatoes at her roadside stand one weekend. Jane sold 57 pounds of tomatoes that same weekend. How much more did Jane sell than Iris?

INFORMATION: _____ SOLUTION: _____

Answers are on page 109.

Sorting Out Information in Word Problems

Why do word problems have ***unnecessary information***? Actually problems with extra information resemble real life. Often we have more information than we need to solve a problem, and we have to choose only the necessary information.

One thing that makes word problems hard to solve is that they may contain more information than you need. Look at the example below:

> Patsy bought two 32-ounce jars of mayonnaise on sale last week. She saved 40 cents on each jar. How much did she save on the mayonnaise altogether?
>
> STEP 1. What is the question?
> **How much did she save?**
>
> STEP 2. What do I need in order to find that? (*Write the numbers and the labels.*)
> **two jars**
> **40 cents saved on each**
>
> STEP 3. What is *not* needed to solve the problem?
> **32-ounce jars**
>
> Why?
> **The size of the jars is not needed to solve the problem.**

▶ Included in the following problems is unnecessary information. Circle the letter identifying information that you *don't* need in order to answer the question. *Do not solve the problems yet.*

1. A chair is on sale at Frank's Furniture Mart. It originally sold for $560 and is now being advertised for $390. Frank's employees can get an additional $80 discount. How much would one of Frank's employees pay for the chair on sale?

   It is *not* necessary to know:

   a. $560 original price
   b. $390 sale price
   c. $80 discount

2. The Sampsons have the Cleveland *Plain Dealer* delivered to their home every day but Sunday for 30 cents per day. Every Sunday they buy the New York *Times* for $1.00. During one 30-day, 4-weekend month, how much did they spend on the *Plain Dealer*?

It is *not* necessary to know:

a. 30-cents-per-day cost for the *Plain Dealer*
b. $1.00-per-Sunday cost for the *Times*
c. 30-day, 4-weekend month

3. An earthquake took the lives of 464 people in one village. 54 people were hospitalized, and 28 were treated and released. 109 people were uninjured but lost their homes. How many people were injured or killed in the disaster?

It is *not* necessary to know:

a. 109 lost their homes
b. 28 were treated
c. 464 were killed
d. 54 were hospitalized

4. The local night school offered 21 GED classes in 5 different locations last semester. If each class had an average enrollment of 12 women and 9 men, how many GED students did the school enroll last semester?

It is *not* necessary to know:

a. 21 classes
b. 12 women
c. 9 men
d. 5 locations

▶ Now solve the problems above, using only the necessary information.

5. $390.00
− 80.00

7. 464
54
+ 28

6. 26
× .30

8. 12
+ 9

21
× 21

Answers are on page 110.

MASSACHUSETTS CAREER DEVELOPMENT INSTITUTE
in Partnership with
GERIATRIC AUTHORITY OF HOLYOKE

45 Lower Westfield Road
Holyoke, MA 01040

NAME _____ SOCIAL SECURITY # _____ EMPLOYMENT POSITION _____

TITLES	BOOKLET	SUPPLEMENTARY READING	TEST SCORE	DATE	HOURS
1. Patients' Rights, Ethical, Legal Issues					
2. Effective Communication					
3. Death and Dying					
4. Infection Control, Isolation Precautions					
5. Nutrition					
6. Alzheimer's Disease					
7. Stress Management					

Employees are encouraged to further their academic and job-related skills by attending the Workplace Education Development classroom program on the fourth floor.

_____
Signature, Inservice Coordinator, Dorothy Seidel, R.N.

What is SABES?

SABES is the newly launched System for Adult Basic Education Support funded and administered through the Massachusetts Department of Education's Bureau of Adult Education. The key word in SABES is support, and the project's goal is to strengthen and expand adult education programs throughout the state. The funding for SABES comes from the federal Adult Education Act [illegible] by the Massachusetts Department of Education. As SABES develops, it will be supported through a wide variety of federal, state, and private sources.

Where did SABES come from?

The recommendations that led to SABES came from groups of adult education practitioners, administrators, and policy makers. These groups worked over the past year in task forces that explored issues related to program effectiveness, staff development, and funding.

Who is involved?

A Central Resource Center and five Regional Support Centers will form the structure of SABES. Each Center will have a coordinator who, in working with a variety of consultants, will respond to the program and staff development needs of the region.

Please see the reverse side for the listing of centers and coordinators.

What does it look like?

There are four components to the SABES System. They are:

A Clearinghouse

is located at the ALRI. The Clearinghouse will collect, evaluate, and disseminate:

- print, non-print, published and nonpublished materials on adult basic education, ESL, bilingual education and other topics of need and interest to programs;
- curriculum, methodologies, program models;
- data base useful to adult educators.

A Staff Development Component

will be coordinated by the Central Resource Center and will be implemented by each Regional Support Center. This component will offer:

- staff development for teachers, program administrators, and support staff in adult education programs;
- an orientation to the field of adult education for new teachers;
- a comprehensive program of training that will develop professional educators.

A Program Development Component

will be coordinated by the Central Resource Center and implemented by the Bureau of Adult Education and each Regional Support Center. This component will lead to the strengthening of the effectiveness of all programs and will include:

- providing programs with targeted technical assistance;
- exploring and field testing models for assessment and evaluation of programs;
- identification of elements of quality programming in adult education.

A Research and Design Component

will be developed at the Literacy Support Initiative at the University of Massachusetts. This component will be building a knowledge base in the field of adult education and designing strategies and models that do not yet exist. For example, if the Clearinghouse can find no effective models for learner assessment, the R&D component could provide support for developing one.

BEST COPY AVAILABLE

SABES RESOURCE LIBRARY BIBLIOGRAPHY - Printed 9/29/91 (Sorted by Type)

ABE - ADULT EDUCATION	Lifelong Learning Manual: Training for Effective Education in Organizations, Michael Frith/Horace B. Reed, eds.	COMMUNITY EDUCATION RESOURCE CENTER, UMASS Amherst, MA	
ABE - AMERICAN HISTORY	From the Beginning: A First Reader in American History, 1990, Judith Bailey	JAG PUBLICATIONS Studio City, CA	ISBN 0-943327-07-5 90-91526
ABE - AMERICAN HISTORY/ GOVERNMENT	Our United States, 1988, editors of New Readers Press	NEW READERS PRESS Syracuse, NY	ISBN 0-88336-422-0
ABE - ASSESSMENT	Developmental Reading Instructional Program Sheets	STECK-VAUGHN Austin, Texas	Sequential Materials
ABE - ASSESSMENT	Differential Aptitude Tests, Forms S, 1972, George K. Bennett, Harold G. Seashore and Alexander G. Wesman	THE PSYCHOLOGICAL CORPORATION NY, NY	
ABE - ASSESSMENT	GED Exercises Series as Correlated to the Official GED Practice Tests	STECK-VAUGHN Austin, Texas	Correlation of Exercises to GED Practice Tests
ABE - ASSESSMENT	Power English Locator Test, 1989, Dorothy Rubin	CAMBRIDGE Prentice-Hall Regents Englewood Cliffs, NJ	ISBN 013-688540-3
ABE - ASSESSMENT	Steck-Vaughn Materials as correlated to the Test for Adult Basic Education	STECK-VAUGHN Austin, Texas	Levels E (Easy), M (Medium), D (Difficult), A (Advanced)

ABE - ASSESSMENT	TABE (Tests of Adult Basic Education), 1986	CTB/MCGRAW HILL Monterey, CA	
ABE - ASSESSMENT	Tests of Adult Basic Education - Forms 5 and 6, 1987	CTB/MCGRAW-HILL Monterey, CA	Practice Exercise and Locator Test
ABE - ASSESSMENT	Tests of Adult Basic Education - Form 5 Level D, 1987	CTB/MCGRAW-HILL Monterey, CA	Complete Battery
ABE - ASSESSMENT/ G.E.D. TESTS	The 1988 Tests of General Education Development: A Preview, 1985, Douglas R. Whitney, et al	AMERICAN COUNCIL ON EDUCATION	
ABE - BIBLIOGRAPHY	Lifelong Learning in The Community: An Annotated Cross-referenced Bibliography, 1982, Horace B. Reed and Associates	COMMUNITY EDUCATION RESOURCE CENTER, UMASS Amherst, MA	
ABE - CAREER EDUCATION	Building Success in the Workplace, 1990, R. Lois Teal, 2 copies	STECK-VAUGHN Austin, Texas	ISBN 0-8114-4221-7
ABE - CAREER EDUCATION	Finding A Job, 1990, Annie DeCaprio, 2 copies	STECK-VAUGHN Austin, Texas	ISBN 0-8114-4220-9
ABE - CAREER EDUCATION	How to Get a Job, 1989, Ann Jennett	SCOTT, FORESMAN AND COMPANY Glenview, Illinois	Provides the tools needed to approach the job market with intelligence, forethought and precision. ISBN 0-673-23478-9

150

ABE - CAREER EDUCATION	How to Get a Job and Keep It, 1990, Dorothy Y. Goble, 2 copies	STECK-VAUGHN Austin, Texas	ISBN 0-8114-4222-5
ABE - CAREER EDUCATION	Ready to Work, 1991, Frances Wiser	CONTEMPORARY BOOKS, INC. Chicago, Illinois	ISBN 0-8092-4099-8 90-48667
ABE - CAREER EDUCATION	Work-Wise, 1991, Frances Wiser	CONTEMPORARY BOOKS, INC. Chicago, Illinois	ISBN 0-8092-4100-5
ABE - CAREER EDUCATION/ READING	Practicing Occupational Reading Skills - Business, 1990, Ellen Taylor, Charles Stewart, 2 copies	STECK-VAUGHN Austin, Texas	ISBN 2828-1
ABE - CAREER EDUCATION/ READING	Practicing Occupational Reading Skills - Health Care, 1990, Ellen Taylor, Charles Stewart	STECK-VAUGHN Austin, Texas	ISBN 2826-5
ABE - CAREER EDUCATION/ TEACHER RESOURCES/ METHODS AND MATERIALS	English At Work A Tool Kit for Teachers, 1991, Deborah Barndt, Project Coordinator	NEW READERS PRESS Syracuse, N.Y.	Photocopy Masters ISBN 0-88336-656-8 Teacher's Guide ISBN 0-88336-655-x
ABE - CITIZEN INVOLVEMENT	Beyond Experts, 1979, Duane Dale	CITIZEN INVOLVEMENT TRAINING PROJECT, UMASS Amherst, MA	A guide for citizen group training ISBN 0-934210-07-1 HM141.D34 301.34'07 79-64419

UNITED STATES DEPARTMENT OF EDUCATION

OFFICE OF VOCATIONAL AND ADULT EDUCATION

NATIONAL WORKPLACE LITERACY PROGRAM

GERIATRIC AUTHORITY OF HOLYOKE

WORKPLACE LITERACY PROJECT

FINAL EVALUATION REPORT

JANUARY 15, 1993

SUBMITTED BY

THE MASSACHUSETTS CAREER DEVELOPMENT INSTITUTE
SPRINGFIELD, MASSACHUSETTS

PROJECT EVALUATOR

THOMAS J. RUSCIO, M.ED;CAS, CRC/LRC, PROFESSOR

SPRINGFIELD COLLEGE

SPRINGFIELD, MASSACHUSETTS

TABLE OF CONTENTS

I. INTRODUCTION 1

II. PROJECT GOALS AND OBJECTIVES 2

III. PROJECT TRAINING PROGRAMS 3

A. OUTREACH AND RECRUITMENT 3

B. ASSESSMENT AND INTAKE 4

C. ADULT BASIC EDUCATION 4

D. HIGH SCHOOL EQUIVALENCY (GED) 4

E. ENGLISH AS A SECOND LANGUAGE (ESL) 4

F. JOB RELATED CURRICULA 5

IV. TRAINEE CHARACTERISTICS 5 - 10

TABLE I AGE OF TRAINEES 5

TABLE II SEX OF PARTICIPANTS 6

TABLE III RACE - ETHNIC BACKGROUND 6

TABLE IV MARITAL STATUS 7

TABLE V MARITAL STATUS BY SEX 7

TABLE VI DEPENDENT CHILDREN 8

TABLE VII COUNTRY OF ORIGIN 8

TABLE VIII YEARS OF EDUCATION 9

TABLE IX ENROLLMENT IN MCDI PROGRAMS 9

TABLE X TOTAL AND AVERAGE HOURS OF INSTRUCTION 10

V. TRAINEE JOB CHARACTERISTICS 10 - 13

TABLE XI JOB OF PARTICIPANTS 11

TABLE XII EMPLOYMENT STATUS 11

TABLE XIII YEARS OF EMPLOYMENT 12

TABLE XIV ADDITIONAL EMPLOYMENT 12

TABLE XV RANGE OF HOURLY WAGES 13

VI. PROJECT EVALUATION DESIGN 14

A. LITERACY ABILITIES 14

B. WORK PRODUCTIVITY INDICATORS 14

C. MEASURED OUTCOMES FOR LITERACY ABILITIES 15

D. MEASURED OUTCOMES FOR WORK PRODUCTIVITY 15

VII. OUTCOME DATA AND ANALYSIS OF RESULTS 16 - 21

TABLE XVI TEST OF ADULT BASIC EDUCATION 16

TABLE XVII HIGH SCHOOL EQUIVALENCY AND NURSES AIDE EXAMINATIONS 17

TABLE XVIII STUDENT - EMPLOYEE PERFORMANCE EVALUATION 18

TABLE XIX TRAINEE PERFORMANCE EVALUATIONS 19

TABLE XX MODIFIED SELF CONCEPT SCALE 20

TABLE XXI ATTENDANCE AND RETENTION 21

VIII. CONCLUSIONS AND RECOMMENDATIONS 21 - 24

MASSACHUSETTS CAREER DEVELOPMENT INSTITUTE

HOLYOKE GERIATRIC AUTHORITY

NATIONAL WORKPLACE LITERACY PROJECT

PROJECT EVALUATION REPORT

FOR THE PERIOD ENDING

OCTOBER 31, 1992

I. INTRODUCTION

Federal funding for the national workplace literacy program was initially authorized under Public Law 100-202. Current literacy programs have been authorized through amendments to the Adult Education Act. The federal regulations provide "assistance for demonstration projects that teach literacy skills needed in the workplace through exemplary education partnerships between business, industry, or labor organizations and educational organizations". (Federal Register, Vol54, No159, p.34418)

The Massachusetts Career Development Institute, Incorporated, (MCDI) developed and provided a program of Workplace Literacy for eighty (80) individuals during the 1991-92 project year. These participants have been concurrently employed by the Geriatric Authority of Holyoke, (GAH) Massachusetts. a major non-profit nursing home-rehabilitation facility.
MCDI staff provided English as a Second Language, Adult Basic Education, and High School Equivalency (GED) Preparation instructional programs which have focused on language, communication, cognitive processes, and content knowledge needed to function effectively and productively in the workplace.

The MCDI staff also provided ongoing educational and personal adjustment counseling, motivational sessions, and pre and post testing to establish initial functional levels and determine improvements in workplace literacy and productivity. This project is a continuation of MCDI,s overall response to the problems of functionally illiterate adult workers and other employees whose continued employment and upward mobility is limited by deficiencies in any or all of the following areas: analytical thinking, reasoning and problem solving, listening, speaking, reading or writing, mathematics and specific workplace knowledge.

BEST COPY AVAILABLE 180

What follows is an overview of the project goals and objectives, the training program, demographic information including trainee characteristics and trainees job characteristics, and the evaluation design including the specific goals, measurements and outcome assessments of the MCDI- GAH Workforce Literacy Project for the period ending October 31, 1992. The results of the assessments are provided along with a narrative analysis of the outcomes to this date. Finally, conclusions of project effectiveness and recommendations for future program development complete this evaluation report.

II. PROJECT GOALS AND OBJECTIVES

In response to the Department of Education's soliciation for national workplace lliteracy programs, the MCDI engaged several businesses and employers pertaining to workplace literacy needs in order to identify a partner which recognized the need to upgrade employees' skills and demonstrated the commitment to implement a program of this nature. The Geriatric Authority of Holyoke (GAH), a public nonprofit agency which employs 310 people in a range of occupations which serves the allied health and human service needs of the elderly in conjunction with Local 1459, United Food agnd Commercial Food Workers Union AFL-CIO, was determined to be the apprpriate partner.

The project provided educational development skills to GAH employees. Focus of the program was to provide Adult Basic Education, English as a Second Language and High School equivalency(GED) services that were consistent with workplace requirements and job retention or enhancment of upward mobility opportunities. The specific objectives uncluded the following:

1. Provide appropriate educational services for 75-100 employees during the project period.

2. Assess all GAH employees who are interested in participating in the program

3. Provide each Adult Basic Education or English as a Second Language participant a set of educational experinces that will allow 75% of them to demonstrate a two grade level increase in basic reading skills.

4. Provide each High School Equivalency (GED) participant educational experiences that will ensure that 85% of those who take the GED exam will pass it.

5. Provide appropriate educational experiences to program participants that will result in 85% of those individuals taking the State Nurses Aide License Exam to pass it.

6. Demonstrate that 85% of the individuals participating in the project have an improved level of self-esteem.

7. Demonstrate improvemnet in productivity and/or quality of work by 85% of those individuals participating in this project.

8. Increased motivation, interest in career, improvement in workplace literacy skills and satisfaction with the educational programs by 85% of the participants.

9. Development of a successful model of Workplace Literacy education that can be expanded and replicated locally or in other areas of the country.

III. PROJECT TRAINING PROGRAMS

The MCDI as grant recipient provided the Geriatric Authority of Holyoke with programs of on-site workplace education. The programs provided included Adult Basic Education, English as a Second Language and High School Equivalency (GED) educational units. In addition, specific job related curricula was developed as well as a preparation program for the Nurses Aide examination. Support services and counseling to assist partcipants with personal and work adjustment problems, motivation and self confidence, employee responsibilities and career development issues were also provided on a daily basis. Emphasis was placed on dealing with actual or potential problems in a timely and effective manner and emphasising participants transferable skills and enhancement of career-workplace opportunities.

A. OUTREACH AND RECRUITMENT

Recruitment strategies were developed during planning meetings and small group orientation meetings conducted by union, MCDI and GAH staff. The MCDI staff and program partners were available to answer questions and address concrens which employees may have had. A key component to the outreach and recruitment effort has been to make employees feel comfortable about the need for and importance of upgrading work related skills and enhancing job security and career advancement. Confidentiality surrounding job performance and literacy issues has also been important.

B. ASSESSMENT AND INTAKE

The inital screening and assessment involved the administration of a battery of tests including the Test of Adult Basic Education and other instruments as appropriate. Upon development of the assessment profiles and the selection of an employee for program services, the MCDI staff developed an individual educational plan (IEP) that outlined the employee's goals, basal educational achievement and the appropriate educational program.

C. ADULT BASIC EDUCATION

The MCDI Adult Basic Education program has been designed to provide individualized learning to those participants who need to develop, improve and/or reinforce the basic skills of reading, language and mathematics. Strong emphasis is placed on attitudinal and behavioral development along with classroom training that will result in successful job retention and career enhancement.

D. HIGH SCHOOL EQUIVALENCY (GED)

The purpose of the GED program is to prepare employees to take and pass the High School Equivalency Test in order to be qualified for promotional opportunities and job advancement. Lectures and class discussions and assignments focus on concepts, ideas and problem solving skills which enable the employee to think logically, coherently and effectively as well as understand and apply fundamental English, Math and Science skill requirements related to job performances requiring at least high school education.

E. ENGLISH AS A SECOND LANGUAGE

Employees whose native language is not English were provided the opportunity to utilize the educational space on-site at the GAH to develop listening and communication skills in English. A variety of educational strategies are utilized by staff including the grouping of various individuals who are studying similar concepts; one on one tutoring, group presentations; and the use of computer-assisted instruction (CAI) units for drill and practice as well as reinforcement. The emphasis upon individualized learning through these approaches has been most helpful in motivating participants to learn the fundamentals of English communication at his/her own rate.

F. JOB RELATED CURRICULA

The job related curricula was developed to specifically address the work knowledge and skill based aspects of the specific job requirements of the participating employees. Over twenty five specific workplace education topics were developed for the participating employees, each with their own competency based tests. The job related curricula included content for nursing aides-assistants, housekeeping, maintenance and food service positions. Topical areas taught ranged from oral and rectal temperatures, bathing, dressing and hair care of residents, to bedmaking, moving and lifting patients, painting and maintenance of facilities.

IV. TRAINEE CHARACTERISTICS

As part of the total evaluation process, descriptive data were collected via a trainee and trainee job characteristics data form. Descriptive information on trainee characteristics during this project period includes age, sex, marital status, race, number of dependent children, country of origin, years of education, MCDI program enrollment, and hours of instruction completed. The following tables provide graphic results of this data.

TABLE I

AGE OF TRAINEES

AGE RANGE	PERCENT	N = 80
18 - 25 YEARS	22.50%	
26 - 35 YEARS	43.75%	
36 - 45 YEARS	25.00%	
46 - 55 YEARS	5.00%	
OVER 55 YEARS	3.75%	

As can be seen from Table I, the majority of the employee participants were 35 years of age or younger. Only 8.75% were 46 years of age or older.

TABLE II

SEX OF PARTICIPANTS

GENDER	NUMBER	PERCENT	N = 80
MALES	10	12.5%	
FEMALES	70	87.5%	

Table II indicates the majority of employee participants were women. This is consistent with the high ratio of female employees at the Geriatric Authority of Holyoke.

TABLE III

RACE-ETHNIC BACKGOUND

RACE - ETHNIC BACKGROUND	NUMBER	PERCENT	N = 80
BLACK-AFRICAN AMERICAN	10	12.50%	
HISPANIC-LATIN AMERICAN	23	28.75%	
ASIAN	2	2.50%	
WHITE-CAUCASIAN	45	56.25%	

The racial-ethnic background of the participants included racial and cultural minorities reflective of the populations of the Greater Holyoke and Western Massachusetts urban areas. A total of 43.75% of the participants were of a racial-cultural minority.

TABLE IV

MARITAL STATUS

STATUS	NUMBER	PERCENT	N = 80
MARRIED	49	61.25%	
SINGLE	28	35.00%	
DIVORCED	3	3.75%	

TABLE V

MARITAL STATUS BY SEX

STATUS	NUMBER	PERCENT	N = 80
MARRIED MALE	3	3.75%	
SINGLE MALE	7	8.75%	
MARRIED FEMALE	46	57.50%	
SINGLE FEMALE	21	26.25%	
DIVORCED MALE	0	0.00%	
DIVORCED FEMALE	3	3.75%	

Tables IV and V identify the marital status and martial status by sex of the employee participants. The majority are married (61.25%) and female (57.50%). Single females consituted the next largest group (26.25%).

TABLE VI

DEPENDENT CHILDREN

DEPENDENTS	NUMBER	PERCENT	N = 80
NO DEPENDENTS	35	43.50%	
AT LEAST ONE DEPENDENT CHILD	45	56.25%	
TWO OR MORE CHILDREN	37	46.25%	
THREE OR MORE CHILDREN	14	17.50%	

As can be seen from Table VI, more than half (56.25%) of the participants have at least one dependent child. A total of 14 (17.5%) have three or more dependent children.

TABLE VII

COUNTRY OF ORIGIN

COUNTRY	NUMBER	PERCENT	N = 80
UNITED STATES	65	81.25%	
CARRIBEAN	11	13.75%	
EUROPE	2	2.50%	
ASIA-PACIFIC ISLANDS	2	2.50%	

While Table VII shows the majority of the participants were born in the U.S., it would appear, given the race-ethnic background data in Table III, that at least some are first generation. In addition, 15 or 18.75% immmigrated to the U.S.

TABLE VIII

YEARS OF EDUCATION

YEARS	NUMBER	PERCENT	N = 80
LESS THAN 4 YEARS	1	1.25%	
4 - 6 YEARS	1	1.25%	
7 - 9 YEARS	13	16.25%	
10 -11 YEARS	27	33.75%	
12 YEARS OR MORE	38	47.50%	

Slightly more than half (52.50%) of the participants reported having less than the equivalent of a completed high school education. While 38 or 47.5% reported at least 12 years or more of formal education, 15 of 80 (18.75%) did not enter or complete courses at the secondary level.

TABLE IX

ENROLLMENTS IN MCDI
WORKPLACE LITERACY PROGRAMS

PROGRAM	NUMBER	PERCENT	N = 80
JOB RELATED CURRICULA	29	36.25%	
ADULT BASIC EDUCATION	22	27.50%	
GED	18	22.50%	
ENGLISH AS A SECOND LANGUAGE	12	13.75%	

The majority of the employees, 29 or 36.25% were enrolled in the specific job related or workplace curricula. However as indicated in Table IX, the need for the other areas of training was also strong.

TABLE X

TOTAL HOURS AND AVERAGE HOURS

OF INSTRUCTION COMPLETED

CATEGORY	TOTAL HOURS OF INSTRUCTION	AVERAGE PER PARTICIPANT	N = 80
JOB RELATED CURRICULA	3843 HOURS	132.5 HOURS	
ADULT BASIC EDUCATION	4500 HOURS	204.54 HOURS	
GED	4202 HOURS	221.18 HOURS	
ENGLISH AS A SECOND LANGUAGE	2532 HOURS	230.2 HOURS	

The majority of the participants completed an average of over 200 hours of instruction in the ABE, GED and ESL programs and over 125 hours of applied instuction in the Job Related Curricula.

V. TRAINEE JOB CHARACTERISTICS

As part of the demographic data collected, the job characteristics of each of the trainees was identified in terms of job titles, full or part time employemnt, years of employment, second job or other employment and average hourly wage. The following tables provide the resulting information.

TABLE XI

JOB OF PARTICIPANTS

JOB TITLE	NUMBER	PERCENT	N = 80
NURSES AIDE	60	75.00%	
NURSING ASSISTANT	6	7.50%	
HOUSEKEEPER	8	10.00%	
MAINTENANCE WORKER	3	3.75%	
COOK	2	2.50%	
CLERICAL WORKER	1	1.25%	

The majority of participants for the workplace literacy project were employed within the nursing department at the Geriatric Authority of Holyoke either as nurses aides or nursing assistants. In addition, there were several participants from the housekeeping, maintenance, food service and office service departments.

TABLE XII

EMPLOYMENT STATUS

STATUS	NUMBER	PERCENT	N = 76
PART TIME	2	2.63%	
FULL TIME	74	97.37%	

TABLE XIII

YEARS OF EMPLOYMENT

YEARS	NUMBER	PERCENT	N = 79
LESS THAN 6 MONTHS	1	1.26%	
6 - 12 MONTHS	2	2.53%	
1 - 2 YEARS	33	41.77%	
2- 5 YEARS	43	54.43%	
5+ YEARS	0	0.00%	

TABLE XIV

ADDITIONAL EMPLOYMENT

SECOND JOB	NUMBER	PERCENT	N = 80
YES	25	31.25%	
NO	55	68.75%	

As can be seen in Tables XII, XIII, and XIV, the majority of the participants were employed full time, worked an average of 2 to 5 years in their positions and did not have a second job. However it is also significant that over 45% were employed two years or less and approximately one third had additional employment or a second job.

TABLE XV

RANGE OF HOURLY WAGES

HOURLY RATE	NUMBER	PERCENT	N = 78
$5.00 - $5.49	1	1.28%	
$5.50 - $5.99	0	0%	
$6.00 - $6.49	0	0%	
$6.50 - $6.99	2	2.56%	
$7.00 - $7.49	31	48.71%	
$7.50 - $7.99	9	11.53%	
$8.00 - $8.49	16	20.51%	
$8.50 - $8.99	2	2.56%	
$9.00 - $9.49	1	1.28%	
$9.50 - $9.99	2	2.56%	
$10.00 - $10.49	3	3.84%	
$10.49 - $10.99	3	3.84%	
$11.00 - $11.49	1	1.28%	

Table XV indicates the range of hourly wages of the participants. The highest percent were in the $7.00 - $7.49 and $8.00 - $8.49 range which is also reflective of the demand for highly skilled employees at GAH in such positions as nurses aide.

VI. PROJECT EVALUATION DESIGN

The Massachusetts Career Development Institute and Geriatric Authority National Workforce Literacy Project evaluation design followed the overall recommendation of Thomas G. Sticht, author of Evaluating National Workplace Literacy Programs (April 20, 1991). In addition to the descriptive data collection on the characteristics of the partcipants and the partcipants jobs presented in the previous sections, the evaluation design incorporated measurements and outcome assessments in two major categories, Literacy Abilities and Work Productivity Indicators.

A. LITERACY ABILITIES

Literacy abilities which were to be assessed included:

1. English Language Communication Abilities including listening, speaking, reading and writing skills.

2. Cognitive Processes including reasoning and problem solving abilities.

3. Content Knowledge including math skills, workplace, community and/or social knowledge related to functioning in the workplace.

4. Secondary Education leading to a High School Diploma or Equivalency (GED).

B. WORK PRODUCTIVITY INDICATORS

Work productivity related indicators to be assessed were:

1. Ability to converse with supervisor, co-worker on job related instructions or directions, ability to read and write job materials, and general employment characteristics.

2. Attendance, work performance, productivity and job retention.

In order to measure literacy abilities and work productivity related to the MCDI- GAH Workforce Literacy Project, measured outcomes for each category were identified.

C. MEASURED OUTCOMES FOR LITERACY ABILITIES

The measured outcomes for literacy abilities included:

1. A minimum two grade level improvement in 75% or more of the participants as measured by the Test of Adult Basic Education.

2. A minimum of 85% of those eligible to take the GED examination will achieve the High School Equivalency.

3. A minimum of 85% of those eligible who take the State Nursing License Examination will pass and achieve the Nurses Aid license.

4. At least 85% or more will demonstrate average to above average trainee employment characteristics as measured by the student evaluation.

5. At least 85% or more will demonstrate improved self esteem as measured by the modified Self Concept Scale.

D. MEASURED OUTCOMES FOR WORK PRODUCTIVITY

The measured outcomes for work productivity were identified as the following:

1. Trainee performance will include at least 85% or more who demonstrate average to above average employment characteristics as measured by the Trainee performance evaluation form.

2. At least 85% of Geriatric Authority of Holyoke employees will demonstrate improved productivity and quality of work as measured by supervisors evaluations and employee records.

3. A minimum of 85% or more of the participants will demonstrate the ability to get to work on time and on a regular attendance basis as measured by attendance records.

4. Employment records will demonstrate improved job retention and reduced employee turnover for literacy project participants and graduates.

VII. OUTCOME DATA AND ANALYSIS OF RESULTS

For one of the outcomes measuring literacy abilities, the pre-screened participants who were determined to be in need of basic education services were administered a pre-test. This test was the reading-comprehension section of The Test of Adult Basic Education. Post-testing utilizing the same test was administered approximately six months later. Table XVI provides a breakdown of the outcomes and results.

TABLE XVI

TEST OF ADULT BASIC EDUCATION

ENGLISH LANGUAGE -READING ABILITIES

PRE-TEST AND RE-TEST SCORES

TIME	NUMBER/PERCENT PARTICIPANTS	PRE-TEST GRADE LEVEL	RE-TEST GRADE LEVEL	DIFFERENCE
NOV-APR92	24/48	5.679	9.350	+3.67
	50%			+64.6%
APR-OCT92	28/51	5.646	9.270	+3.63
	54.9%			+64.3%

As can be seen from Table XVI, there were twenty four (24) of forty eight (48) participants or 50% during the November - April 1992 testing period whose reading comprehension grade level progressed from a pretest score of 5.678 grade level to a grade level equivalent to 9.35. This was a 3.67 (64.6%) grade level increase during this period. Similarly, twenty eight (28) out of fifty-one (51) participants or 54.9% in the April-October 1992 period, improved their reading comprehension grade level from 5.646 to 9.270. This was a 3.63 (64.3%) grade level increase.

In both instances the grade level increases exceeded the two grade level improvement established as the goal for this measured outcome. Although the 50% and 54.9% of participants was short of the projected goal of 75%, this was mainly due

to the entry of participants at various times during the initial project period and exclusion of post testing participants who may have had a more limited time period within the program when post testing was administered.

Table XVII provides a breakdown of the next two literacy measured outcomes, namely the successful passing of the high school equivalency test (GED) and the Nurses Aide Examination for those participants evaluated as meeting the prerequisite requirements.

TABLE XVII

HIGH SCHOOL EQUIVALENCY (GED) and
NURSES AIDE EXAMINATIONS

EXAM	NUMBER OF PARTICIPANTS	NUMBER PASSED	PERCENTAGE
HIGH SCHOOL EQUIVALENCY (GED)	2	2	100%
NURSES AIDE	8	8	100%

To date, two (2) of the participants of the MCDI Literacy Project have been identified as being qualified and ready to take the high school equivalancy examination (GED). Both of the participants (100%) successfully passed this examination. As of this evaluation report, eight (8) participants have also taken the Nurses Aide examination. All of these employees (100%) successfully passed this certification examination. In addition, there are approximately sixteen (16) additional participants who are currently in the GED preparation program who are likely to be ready to take the high school equivalency in the next several months.

A Student Evaluation Form was developed by the Massachusetts Career Development Insititute in partnership with the Geriatric Authority of Holyoke, in order to assess the outcomes of the basic literacy and work related curriculums. The project participants were evaluated on five core variables related to their job performance and the impact of

their literacy educational training program. The five variables were phrased in the form of questions with a rating scale of one (1) to five (5) attached to each. One represented unacceptable performance or no improvement, three (3) represented average performance and five (5) was outstanding or exceptional. The five assessment variables were:

Does the student-employee follow direction better?

Has the student-employee's attendance at work improved?

Does the student-employee understand verbal instructions better?

Has the student-employee's required written work improved?

Has the student-employee's productivity increased?

Table XVIII provides the results of student evaluations on these questions.

TABLE XVIII

STUDENT-EMPLOYEE PERFORMANCE EVALUATION

TIME/DATES	NUMBER/PERCENTAGE OF PARTICIPANTS	AVERAGE SCORE
APRIL 1992	40 of 48	4.515/5
	83.33%	90.3%
OCTOBER 1992	70 of 81	4.685/5
	86.42%	93.7%

The student evaluation results indicate that the majority of the student employees achieved an above average to excellent rating as a group average in both the April 1992 (90.3% or 4.515 average score out of a scale of 5) and the October 1992 evaluation cycle (93.7% or 4.684 out of 5 average score). In addition, the goal of achieving 85% or more of the

participants who achieved above average or better ratings was nearly achieved during the first testing cycle (83.33%) and surpassed during the second testing period (86.42%).

The Massachusetts Career Development Institute's Trainee Performance Evaluation was an assessment tool utilized to measure both literacy abilities and productivity in the workplace. In addition to attendance, safety compliance, and comments relative to employee-trainee performance on the job and in the work related curricula, the supervisor was required to rate the employees performance on nine employment characteristics. The nine variables were:

QUALITY OF WORK

INITIATIVE

INDEPENDENCE

FOLLOWING DIRECTIONS

COMPREHENSION/RETENTION

RESPONSE TO SUPERVISION

RELATIONSHIP WITH COWORKERS

ATTITUDE/MOTIVATION

EMPLOYMENT DEVELOPMENT/RATE OF PROGRESS

These characteristics were converted to a scaled score from zero (0) for needs improvewment to two (2) for above average performance. Table XIX provides the results of the Trainee Performance assessments of the MCDI-GAH Literacy Project participants.

TABLE XIX

TRAINEE PERFORMANCE EVALUATIONS

TRIAL DATES	NUMBER/PER CENT OF PARTICIPANTS	SCALED SCORE	MEAN SCORE
APRIL 1992	40 of 48	67.901	1.697/2
	83.33%		84.85%
OCTOBER 1992	73 of 81	123.44	1.691/2
	90.1%		84.55%

As can be seen from Table XIX, in the initial trainee performance evaluation 40 of 48 participants were evaluated and as a group they achieved a mean score of 84.85% or 1.697 out of 2. In the October testing cycle, 73 of 81 participants were tested and they achieved a mean score of 84.55% or 1.691 out of 2. The results of the two testing cycles are most consistent and are indicative of an average to above average rating for these project participants on the nine trainee performance variables related to their training, employment and performance on the job. In addition, the goal of 85% of the participants demonstrating average to above average ratings was surpassed with 90.1% achieving this goal in the October results.

The relationship of self-esteem to literacy abilities and work performance and productivity has been one of the basic premises upon which the Massachusetts Career Development Institute in partnership with the Geriatric Authority of Holyoke, Inc. Literacy in the Workplace Project has been based. The theortical assumption has been that as literacy skills improved so would work skills, work productivity and as a result enhanced self-esteem would be highly related to both.

In order to assess improvements in self-esteem, a modified version of the Tennessee Self-Concept Scale was utilized. This instrument included 75 items in which the participant rated their responses in a Likert type scale from a valence of 1 disagree to 5 agree. Scoring was directionally corrected so that the higher the circled responses, the higher the self-esteem score. Only total scores were tabulated. Table XX provides the results of the testing during this project year.

TABLE XX

MODIFIED SELF CONCEPT SCALE

TIME	NUMBER/PERCENT OF PARTICIPANTS		PRE-TEST SCORE	RE-TEST SCORE
NOV-APR 1992	40/48	33/40	2.965/5	3.975/5
	83.33%	82.5%		+20.1%
APR-OCT 1992	70/81	37/70	2.896/5	3.768/5
	86.4%	52.8%		+17.5%

The results of the pre-test and re-test self-concept scores for both testing periods clearly show an increase in self-esteem. There was an average increase of 20% from 2.965 out of 5 to 3.975 out of 5 for 83% of the participants in the first testing cycle and an average increase of 17.5% from 2.896 to 3.768 out of 5 for 53% of the participants in the second testing cycle. The lower percentage of retests in October is largely due to some of the participants later dates of entry into the literacy program where more time in the program is needed before retesting.

Attendance and retention were the final two measured outcomes for the productivity indicators which were to be assessed. These were assessed not just in terms of on the job performance but in terms of attendance and retention in the literacy program as a whole. Table XXI provides the results of the overall attendance and retention rates.

TABLE XXI

ATTENDANCE AND RETENTION

FACTOR	PERCENTAGE LOSS	SUCCESS RATE
ATTENDANCE	5.69%	94.31%
RETENTION	18.73%	81.27%

The goal of the project was to achieve a minimum success rate of at least 85% in both attendance and retention. As can be seen in Table XXI, this rate was nearly met (81.27% in retention) and exceeded (94.31% in attendance). Much of the success rate appears to be highly related to the MCDI-GAH Literacy Projects emphasis and insistence upon staff involvement, concern, empathic understanding and support for each individual participating employee.

VIII. CONCLUSIONS AND RECOMMENDATIONS

With the completion of this project period, the Massachusetts Career Development Institute Literacy in the Workplace program in partnership with the Geriatric Authority of Holyoke Inc. has achieved some significant accomplishments as indicated by the following measured outcomes:

Established and implemented a Literacy in the Workplace program of services with clearly defined and measurable outcomes on literacy and worker productivity variables.

Exceeded an average two grade level increase in English Language-Reading abilities.

Achieved an average 3.6 grade level increase in English Language-Reading abilities for over 50% of the participant employees.

Obtained a 100% success (pass) rate in employee participants who qualified and took the high school equivalency (GED) examination.

Obtained a 100% success (pass) rate in employee participants who were eligible and took the nurse's aide certification examination.

Achieved an above average to excellent rating for 86.42% of employee participants on trainee performance variables including ability to follow directions, understand verbal directions, improve written work, attendance and productivity.

Demonstrated employee performance improvements on nine worker-trainee variables including quality of work, initiative, independence, ability to follow directions, comprehension, response to supervision, relationship to co-workers,attitude-motivation, and rate of progress for 90.1% of the participants.

Improved self esteem by an average of 20% and 17.5% respectively for 83% and 53% of the participants as measured during the last two six months of the project period.

Obtained a successful attendance rate of 94.31% for the project period.

Reduced turnover and obtained a retention rate of 81.27% for the project period.

The MCDI- Holyoke Geriatric Authority Literacy in the Workplace project has clearly demonstrated measured outcomes which positively reflect its success during this initial project period. The following recomendations are made with the intent of further enhancing and improving upon the demonstrated effectiveness of the project.

The MCDI-GAH project is to be commended for its vision, program implementation, and success in improving literacy in the workplace of its employee participants. The improvements in basic reading and comprehension are exceptional. It is recommended that consideration be given to further working with participants in related literacy abilities such as math and problem solving including pre and post testing to both encourage and achieve similiar results in these areas in the future.

The successful accomplishments of the participants who took the GED and Nurses Aide Certification examination is excellent. This reflects well on the careful preparation and education of the employees by the staff before the employee is considered ready or eligible to take the examination. Efforts should be made to continue to increase the number of participants who are eligible to take and can successfully pass these examinations.

The majority of the participants appear to be in allied health type positions. At GAH there is certainly a high need in these positions for the literacy project and the applied vocational education curriculum, methods and materials are most appropriate to these demanding positions. Future consideration should be given to expansion of the programming to increase meeting the literacy in the workplace needs of additonal employees in such areas as maintenance and food service. Recruitment of participants should be expanded in these other areas of need.

The MCDI-GAH Literacy project has done well to schedule classes and services which meet the needs of the employer and employee to maintain a required regular work schedule. The project should explore other options such as mini courses, individual or small group mentorships, job coaching and/or tutoring sessions which might be utilized as a supplement or alternative to class or work schedule conflicts.

An excellent process of ongoing communication has been developed between GAH and the MCDI Literacy project staff. This has included both regular meetings as well as various contacts between supervisors, staff, employees and the MCDI staff. The development of this communication network has been critical to the success of the project during this project period. This network should be continued and strengthened through the existing mechanisms already in place.

The establishment of motivational and/ or incentive type events such as recognitions for attendance or achievements or work performance, open house events etc. appear to be very effective. It is recommended that such sessions and events be reviewed and evaluated for further development and increased utilization during the coming project period.

The Student Evaluations and Trainee (employee) Performance Scale that have been utilized during this project period are effective, efficient rating forms which are not too complex for the rater to utilize. Consideration should be given, however, to refining these instruments to be better able to discriminate levels and areas of improvements in literacy and worker productivity and performance. Both the MCDI instructor and the GAH supervisor might complete the same evaluation form on each employee participant including both literacy in the workplace and related worker productivity factors.

Record keeping, data collection and case file information are currently kept appropriately and confidentially. Some data such as basic intake information, results of pre and post tests of Adult Basic Education etc. might more efficiently and effectively be stored in a computer data base. Consideration should be given to computerizing this record keeping system in the future.

Much of the success of this project appears to be integrally tied to the close, daily working relationship that has developed between the employee participant, the MCDI instuctor and staff, and the GAH supervisor, employers and staff. This positive, caring and motivationally supportive environment also appears to be highly consistent with employee improvements in self-esteem, attendance at work and classes, and job retention. There should be a high priority placed on continuing to further foster this working relationship and environment and assess its future impact on improvements in literacy abilitites and worker productivity.